Author's response to reviews

Title: Process-related factors associated with complaints board's discipline

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Author's response to reviews: see over
**Cover letter giving a point-by-point response to the concerns**

We wish to thank the reviewers for good and constructive criticism and comments.

This cover letter gives a point-by-point response to all the issues raised in the reviewers’ reports.

**Response to Reviewer 1’s (Deborah Schaler) report**

a) Reviewer 1 introductory maintains that “General comment. The field of patient complaint policy, processes and outcomes has been vastly under-researched while, as the authors of this manuscript correctly point out, significant human and other resources are invested in the complaints process. It is pleasing to see their research efforts dedicated to this important area of inquiry”.

b) Among “Major Compulsory Revisions”, the reviewer suggests “English language corrections as described under Quality of written English”.

Authors’ comments: the English language has been thoroughly reviewed and revised in accordance with reviewer 1’s suggestion

Furthermore the reviewer states that:

c) “The Abstract – Background and Background sections don’t include a strong rationale for conducting the study. It is correct that there has been very limited research undertaken in the field of patient complaints overall (complaint methods and processes, efficient use of resources, and outcomes for patient quality and safety and as stated by the authors health professional disciplinary decision outcomes) but I wanted to know more about why this particular piece of statistical analysis was undertaken. The purpose of the study is stated as filling a knowledge vacuum but not why it was important to examine process factors and association with disciplinary outcomes, potential benefits in conducting the study, how it was intended that the results would be utilised and by whom. Out of interest is this piece of statistical analysis part of a larger study? If so this should be stated”.

Authors’ comments: please see revised manuscript, “Background” section, last paragraphs, and under “Study database and population”

d) “The Background and Conclusions sections of the main body of the manuscript mention (Background) that the disciplinary system has been under ongoing revision in order to optimise the judicial process, that there has been debate about whether legal rights are properly protected and hypotheses how certain process factors may affect outcomes; and (Conclusions) that there are high financial and human costs associated with complaint processes. Was it hoped that the study would elicit information that could be utilised to improve the efficiency or effectiveness of the complaint process, lead to some sort of quality improvement in the process or add knowledge that will aid health professionals and/or complainants in navigating the complaints process? The manuscript would be considerably strengthened with the inclusion of a clear statement about the importance/placement of the research”.

Authors’ comments: please see under authors’ comments point (c). The main objective of the study was to provide some “down-to-earth” information about the statistical significance of a number of a priori hypothesised process factors, which are commonly somehow (mostly judicially) deemed of importance for the process and outcomes (and hence for the
parties). Such statistical knowledge is necessary to provide e.g. legislators and decision-makers with important hints as to crucial complaint process factors when discussing legal rights, help the parties navigating the complaint process, and when making revisions of the complaint structures. Please also see the revised manuscript under “Conclusions”.

e) “Similarly, the Conclusion sections in the Abstract and main body of the manuscript don’t include any policy/process recommendations or other implications from the study other than to suggest that further research about process factors leading to disciplinary action is merited. The authors could be more explicit about what further research is warranted i.e. is it to further explore the two process factors that they found statistically important – number of GPs involved and case management duration - or would they propose replicating the study with other professional groups?"

Authors’ comments: please see revised manuscript, the “Conclusions” section. Future studies concerning the legal mechanisms underlying the statistical associations might provide information as to e.g. the significance of legal advice for the parties and the role of additional hearings. Certainly, replication of the study with other professional groups would provide information as to the generalisability of the study’s results.

f) “Background: I would prefer to see the Background section include an overview of the health complaint system and the roles of the various bodies in Denmark. I got some way into the manuscript and had formed some questions related to the Danish Patient Complaints Board (DPCB) study which were later addressed under Discussion where I found that complaints seeking financial compensation are referred to Danish National Health Insurance (DNHI) and complaints about level of service are referred to the regional health authority. Health complaint structures and processes vary considerably across countries and it would be helpful for the reader to have information about the entire Danish patient complaint context up front.

This is especially significant when the results for lawyer involvement are presented (at present this occurs prior to the Discussion section in the manuscript) because clearly the lawyers involved at the DPCB were not there for reasons of seeking financial compensation. This may explain the low level of lawyer involvement in the DPCB process and possibly reflects the level of seriousness of the cases under investigation by the DPCB (does the DNHI refer potential disciplinary case to the DPCB – now the DDB?) which in turn could affect the relationship described between lawyer involvement and disciplinary outcomes. It would be interesting (although not vital) to know whether some number of complainants at DPCB who did not engage a lawyer did in fact have a lawyer engaged in their case through a separate DNHI process”.

Authors’ comments: please see revised manuscript, “Background” section. Indeed, the lack of economic incentives may partially explain the low level of lawyer involvement in the DPCB process. Like the complaint board refers complainants only seeking monetary compensation to the health insurance, complainants filing complaints to the health insurance, though they also wish disciplinary measures being undertaken are advised to file a complaint with the complaint (disciplinary) board as well. The amount of lawyer involvement in monetary compensation cases with the Health Insurance is rather low also, because – as is the case with the disciplinary board – the Health Insurance is obliged to investigate the case and is a tax-funded, no-fee organisation.

g) “Paragraph 2: ‘After receiving a complaint….. the case is clarified by the secretariat’ …. I assume that the health professional (GP in this study) provides a statement in response to
the complaint as part of the clarification process undertaken by the secretariat? If so, this should be stated".

Authors’ comments: please see revised manuscript, “Background” section, third paragraph

h) “Study database and population: Data collection - paragraph 2. The time of registration was, however, considered useful because it was unfailingly available in every case and might be considered closely tied with the time of filing the complaint. Are ‘filing’ and ‘registration’ of the complaint not the same thing? Needs clarification”.

Authors’ comments: please see revised manuscript, “Background” section

i) “Discussion section. The present study covers all complaint cases in Denmark” – need to clarify that the study covers complaint cases involving GPs lodged with the DPCB in Denmark in 2007. Unless the DPCB study is part of a larger study in which case this should be clarified”.

Authors’ comments: please see revised manuscript, sections “Study database and population: Data collection” and “Discussion” (second paragraph).

j) “Discretionary Revisions.. I think it would be useful to include a brief list of the ‘legal rights’ of the complainant and health professional e.g. whether their legal rights include individual health and safety considerations, human rights, confidentiality, natural justice procedures or other concerns. Similarly it would be helpful to include in paragraph 1 a brief description of what ‘strict health professional considerations’ includes. In relation to case management duration which was found to be statistically associated with a disciplinary outcome: were there any (escalating) levels of review undertaken by the DPCB depending on the level of seriousness of the complaint or other factors (illness episode of patient, accessibility of expert witnesses, workload or staffing level at DPCB etc) that may explain the reasons for extended case management duration times and associated disciplinary outcomes?”

Authors’ comments: please see revised manuscript, “Background” and “Discussion” sections. Not least the necessity for repeated hearings may account for escalating levels undertaken by the DPCB and the case prolongation.

In many respects, the concept of legal rights is vaguely defined, yet a number of relevant legal rights according to the human rights convention have been explicitly listed in the revised manuscript, background section, first paragraph (right to tribunal impartiality, hearings, legal assistance, reasonable time).

k) “In relation to complaint delay (and the authors have hypothesised that delayed complaints are less prone to be declared justified which is of itself a very interesting question): Is it possible that the complaint was first lodged elsewhere e.g. complaint made directly with the GP Practice without a satisfactory outcome from the complainants perspective or lodged with the DNHI for compensation before it got to the DPCB? Some patients may not be aware of/be referred to or feel confident to lodge a complaint leading to the delay”.

Authors’ comments: please see revised manuscript, “Background” section. According to Danish law, regional public patient advice offices have been established in order to guide people through the different systems. This should help clarify what authority is competent. No quantitative data exists as to the amount of redirected complaints or complaints being lodged directly with the GP, but it is the authors’ impression that the most predominant
pathway of Danish complainants is that through the patient advice offices (presumably only little delay) or directly to the complaints board.

l) “This quantitative study would be enhanced by the consideration of any qualitative material available to the researchers for example the DPCB may conduct routine evaluations with patients and health professionals about their satisfaction with the complaint processes and judicial outcomes. For example, the complainant and defendant may have been through a protracted case management process but were pleased with the outcome and possibly considered that there were other benefits of having been through the process”

Authors’ comments: unfortunately, no publicly available information about complainants’ or defendants’ satisfaction with the complaint system exists. Only a 10-year old questionnaire study (response rate: 37%) on complainants’ satisfaction with the former complaints board exists which concludes that satisfaction is highly dependent upon the case outcome.

m) “Quality of written English. Not suitable for publication unless extensively edited. Reasonable given that English is not the first language of the authors, however the manuscript requires some overall language correction before being published. The document would benefit from having an English ‘brush’ put over the entire document to improve readability and to correct grammar, punctuation and sentence structure where needed (to give but a few examples: in Background the use of ‘but also e.g.’ in paragraph 1 and ‘The case management (process – word added) is as follows’ in paragraph 2; and removal of inverted commas in Discussion paragraph 9 i.e. ‘fault finding’, ‘protects’, ‘relief’ ‘system matters’ and ‘blurring of responsibility’. There should also be a check for and correction to passive language where possible e.g. fairly liberal use of may, might, could be considered, perhaps etc which appears tentative and dilutes the arguments being made. For example (Data collection section – paragraph 1) ‘In a compound decision some GPs might have been disciplined and others might not’ – change to some GP’s were disciplined and others were not (assuming that this assertion can be made). An English language check will also ensure that the author’s intended meaning is properly communicated to readers. For example a ‘concrete complaint case’ might be better presented as a complaint substantiated following investigation or substantiated complaint and I don’t know what is meant by ‘concrete health care’.

Authors’ comments: please see revised manuscript, including “Background” and “Discussion” sections.

n) By way of conclusion, reviewer 1 decides that the manuscript constitutes “An article of importance in its field” and that “the manuscript does not need to be seen by a statistician”.

Response to Reviewer 2’s (Roland Friele) report

o) Reviewer 2 introductorily states that “This study is rather straightforward. Although strictly speaking no research question is posed, the aim of the study is clear. Methods are appropriate and data are sound. It is reported in a clear and comprehensive way. The discussion is rather long, considering the straightforwardness of the data. Authors state that little previous research is done in this specific field, and subsequently they include only a limited amount of references in this paper. Title and abstract convey what has been found and I find the writing acceptable”.
Authors’ comments: please see revised manuscript, “Background” section, last paragraph (the phrasing of the study objectives has been slightly revised).

Reviewer 2 adds some remarks:

p) “Major Compulsory Revisions. I was puzzled by the concept of ‘complainant’s point of view/perspective’ and ‘GP’s point of view/perspective’. These perspectives are relevant when studying complaints handling. But in this study these perspectives are assessed only in a very narrow sense. It is more the perspective of the researcher, looking at either the data as coming from 1 complainant (and possibly dealing with more GP’s) or data dealing with 1 GP. In this study these concepts are used for two different analytical approaches of the data and not as two different perspectives on complaints handling. The patient’s perspective on complaints handling (as is the GP’s perspective) is a far more complex and multidimensional concept. Several publications, also in Biomed Central Health Services Research, deal with this concept. I would like to suggest authors to use more exact wordings when dealing with these two analytical approaches or to explain how the use of this concept in this publication relates to the use of the same concept in other publications”.

Authors’ comments: The article aims at analysing the statistical impact of different process factors from the point of view of both involved parties. The complainant presumably expects his or her complaint to be declared somehow justified (implying one or more health professionals being disciplined) while - from the defendant GP’s point of view (‘side’), the assessment of his or her involvement is a major concern. In order to use a more exact wording, as proposed by the reviewer, “perspective” has been changed to ‘side’ and increased emphasis has been put on the involved ‘parties’. Please see revised manuscript.

q) “In the discussion and introduction authors state that this type of study is relevant in the context of preserving the legal rights of parties involved. I do agree that these rights are important. But, I fail to see how this specific analysis helps in preserving these rights”.

Authors’ comments: please see revised manuscript, “Background” section and under “Study database and population”. Additionally, please see under authors’ comments point (d). “Down-to-earth” statistical information is provided about the impact of a number of process factors, which are commonly deemed of importance for the process and outcomes (and hence for the parties). This is necessary to inform legislators and decision-makers when discussing legal rights in the health professional disciplinary context and when making revisions of the complaint structures.

r) “Minor Essential Revisions. In the study one source of information is lacking: the content of the complaint. This becomes a problem in the discussion, where authors are forced to speculate on the causes for certain relationships. For instance, authors discuss why complaints against more than one GP are less likely to lead to a disciplinary action. They speculate that such complaints could relate to ‘system matters’ or ‘blurring of responsibility’. If information on the content of the complaints would have been available, speculation could be replaced by the analysis of facts. I would like to suggest authors to add this as a limitation of the study and also to refrain from this (and other speculations) when corroborating data or literature is not available. (If the speculations of authors would be true, this would point to a serious problem with this type of complaints handling. Complaints relation to ‘Blurring responsibility’ or ‘system matters’ may point to serious safety problems in healthcare. If a complaints board is not able to handle such issues and in relevant cases lead to a disciplinary action, the legal rights of patients are harmed)”

Authors’ comments: please see revised manuscript, “Discussion” section.
s) “Discretionary Revisions”, reviewer 2 “..would suggest authors to include the % of cases in which a GP was disciplined in table 1 and invite authors to seek in the international literature for similar data on the outcome of complaints procedures. Is 27 %, internationally seen, a high percentage or not?”

Authors’ comments: please see revised manuscript, table 1 and “Discussion” section, third paragraph.

t) Reviewer 2 concludes (under the heading “Level of interest”) that the manuscript constitutes “An article whose findings are important to those with closely related research interests”, that the “Quality of written English” is “Acceptable”, and that “the manuscript does not need to be seen by a statistician”.

Please do not hesitate to contact the undersigned author in case of questions.

On behalf of the authors,

Yours sincerely

Søren Birkeland