Applying a taxonomy of patient complaints to a New Zealand regional hospital

Apurva Kasture

Medical Registrar – Te Whatu Ora Taranaki

Background

- Patient complaints are a valuable source of quality and safety in health systems

- Individually addressed -> systems and structures from which a complaints has arisen

- Method of aggregating complaints data is required

- Enables identification of problem areas and more directed problem solving

Introducing the taxonomy

- Reader, Gillespie, and Roberts (2014)
- Systematic review of patient complaint literature
- 59 papers, 88069 complaints
- 3 domains
- 8 categories
- 26 sub-categories
- 205 issue codes
- Implemented in London, UK (Bujoreanu, Hariri, Acharya, & Taghi, 2020) and NSW, Australia (Harrison et al, 2016).

# Study setting – Taranaki Base Hospital

# Complaints management system
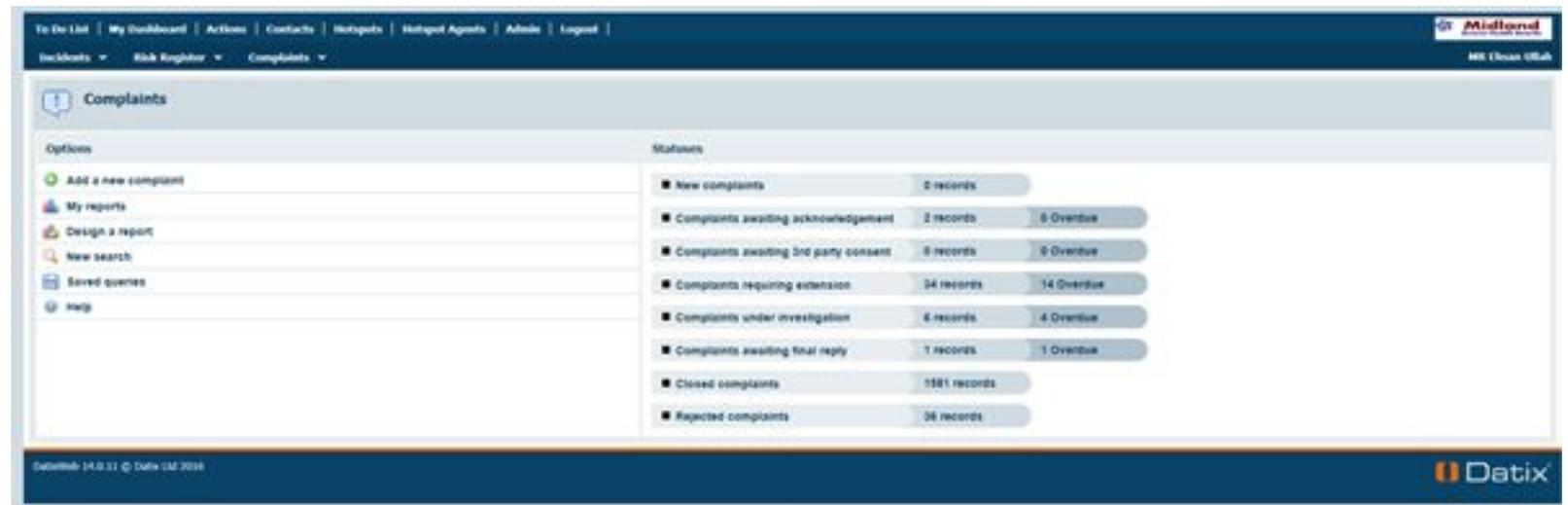
Method

- Cross-sectional observational study

- Medical and acute services (emergency department, medical and rehab wards, renal unit, medical outpatient services)

- 1 April 2017 to 31 March 2020

- Anonymised data retrieved from complaints management system and re-classified using Reader et al.'s taxonomy

- 110 complaints in total

Category overview

Legend:
- Communication
- Timing and access
- Safety
- Humaneness / caring
- Institutional issues
- Quality
- Patient rights

Results domain

Relationships
- Patient rights 0%
- Humaneness/caring 28%
- Communication 72%

Clinical
- Quality 20%
- Safety 80%

Management
- Institutional issues 18%
- Timing and access 82%
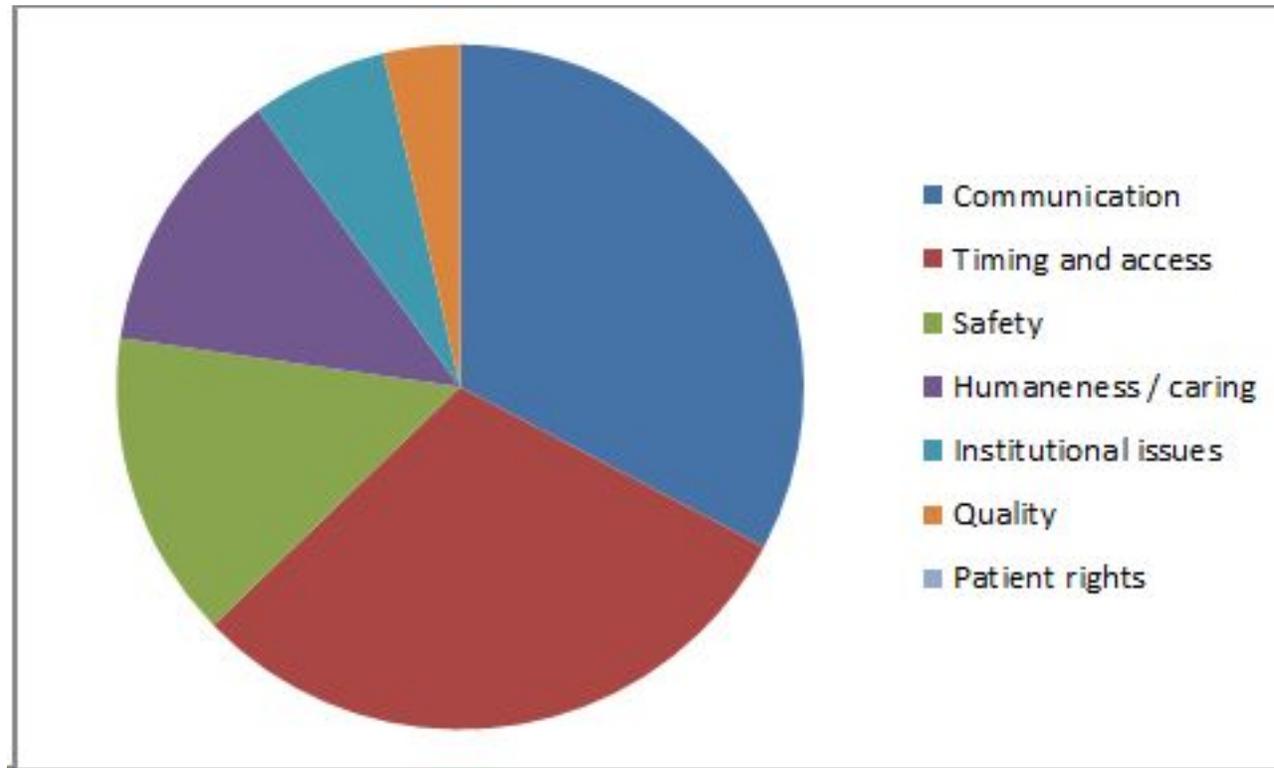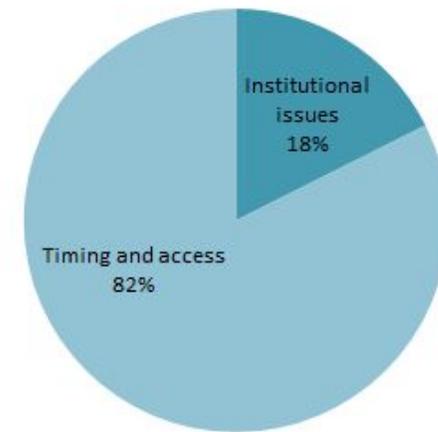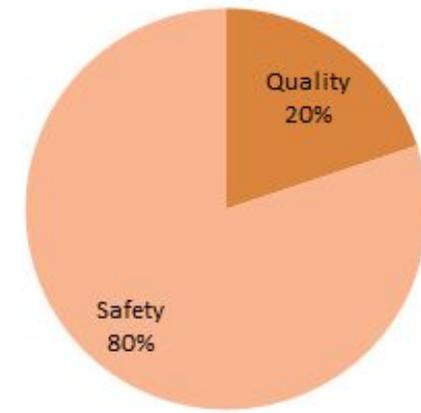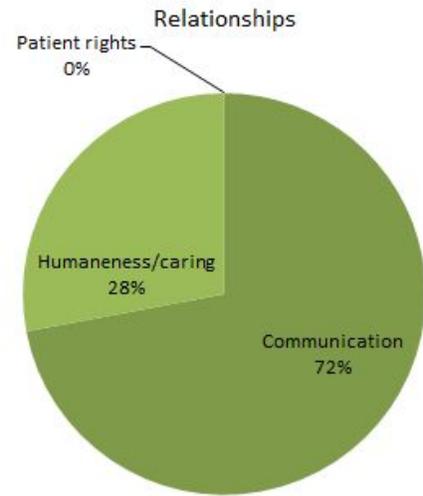
Clinical
Management

Results by sub-category – Clinical

Domains	Categories	Sub-Categories	Number	Percentage
Clinical			**20**	**18.2**
	Quality		*4*	*3.6*
		Examinations	0	0.0
		Patient Journey	1	0.9
		Quality of care	0	0.0
		Treatment	3	2.7
	Safety		*16*	*14.5*
		Errors in diagnosis	6	5.5
		Medication errors	7	6.4
		Safety incidents	3	2.7
		Skills and conduct	0	0.0

Result by sub-category - Management

Management			40	36.4
	Institutional issues		*7*	*6.4*
		Bureaucracy	1	0.9
		Environment	3	2.7
		Finance and billing	1	0.9
		Service issues	1	0.9
		Staffing and resources	1	0.9
	Timing and access		*33*	*30.0*
		Access and admission	8	7.3
		Delays	19	17.3
		Discharge	5	4.5
		Referrals	1	0.9

Results by sub-category - Relationships

Relationships			50	45.5
	Communication		*36*	*32.7*
		Communication breakdown	15	13.6
		Incorrect information	1	0.9
		Patient-staff dialogue	20	18.2
	Humaneness/caring		*14*	*12.7*
		Respect, dignity, and caring	7	6.4
		Staff attitudes	7	6.4
	Patient rights		*0*	*0.0*
		Abuse	0	0.0
		Confidentiality	0	0.0
		Consent	0	0.0
		Discrimination	0	0.0

Discussion

- Taranaki Base Hospital receives most complaints within the 'Relationships' domain

- The categories of communication, timing and access, safety issues, and humanness / caring constitute 90% of complaints

- Importance of local analysis to correctly identify problem areas

- Our results correspond with patient complaints literature, which has shown a large proportion of patient complaints relate to communication issues (Hogg, Hanley, & Smith, 2018; Taylor, Wolfe, & Cameron, 2002)

Limitations of the taxonomy

- Inter-relation of areas placed vertically and horizontally in the taxonomy – spatial and temporal

- Equity – who complains?
  - Complainants less likely to be ethnic minorities, people from lower income populations, and elderly
  - Bismark and colleagues (2006) found that the odds of complaining were lower in Pacific patients – no difference for Māori but low numbers in this study

Can these limitations be overcome?

- Integrated quality assurance mechanism e.g. patient complaints, incident reports, retrospective reviews

- De Feijter and colleagues (2012) showed that these areas are complementary to each other

- Levtzion-Korach and colleagues (2010) evaluated five reporting systems; they recommended collating information from all of these sources to gain a more comprehensive view of safety priorities

- Gillespie and Reader (2018) - Healthcare Complaint Analysis Tool (HCAT)
  - Codified complaints, as well as problem severity, harm, stage of care (admission versus discharge), and the staff groups involved
  - Identification of harm and near miss hot spots, as well as blind spots.

Conclusion

- Patient complaints data are a valuable source of quality and safety information

- Reader et al.'s taxonomy is beneficial in categorising the patient complaints received by hospitals, enabling directed, local problem-solving

- Our study found that, In Taranaki Base Hospital, the domain of 'relationships' receives the most patient complaints; this area can now be targeted by future quality improvement initiatives

- Limitations include inter-relation between areas of the taxonomy, and potential inequities

- Limitations of using patient complaints data can be overcome by using other measures of quality and safety

Acknowledgements

Dr Ricardo Jurawan: Consultant Gastroenterologist and Physician in Internal Medicine

Dr Ehsan Ullah: Clinical Governance Advisor

Nicola Johnston: Clinical Governance Advisor

Pieter Pike: Project Sponsor

Clinical Governance team

Te Whatu Ora Taranaki (previously Taranaki District Health Board

References

- Bismark MM, Brennan TA, Paterson RJ, Davis PB, Studdert DM. Relationship between complaints and quality of care in New Zealand: a descriptive analysis of complainants and non-complainants following adverse events. BMJ Quality & Safety. 2006 Feb 1;15(1):17-22.

- De Feijter JM, De Grave WS, Muijtjens AM, Scherpbier AJ, Koopmans RP. A comprehensive overview of medical error in hospitals using incident-reporting systems, patient complaints and chart review of inpatient deaths. PloS one. 2012 Feb 16;7(2):e31125.

- Harrison R, Walton M, Healy J, Smith-Merry J, Hobbs C. Patient complaints about hospital services: applying a complaint taxonomy to analyse and respond to complaints. International Journal for Quality in Health Care. 2016 Apr 1;28(2):240-5.

- Hogg R, Hanley J, Smith P. Learning lessons from the analysis of patient complaints relating to staff attitudes, behaviour and communication, using the concept of emotional labour. Journal of Clinical Nursing. 2018 Mar;27(5-6):e1004-12.

- Gillespie A, Reader TW. Patient-centered insights: using health care complaints to reveal hot spots and blind spots in quality and safety. The Milbank Quarterly. 2018 Sep;96(3):530-67.

- Goldsmith P, Moon J, Anderson P, Kirkup S, Williams S, Gray M. Do clinical incidents, complaints and medicolegal claims overlap?. International journal of health care quality assurance. 2015 Oct 12.

- Levtzion-Korach O, Frankel A, Alcalai H, Keohane C, Orav J, Graydon-Baker E, Barnes J, Gordon K, Puopolo AL, Tomov EI, Sato L. Integrating incident data from five reporting systems to assess patient safety: making sense of the elephant. The Joint Commission Journal on Quality and Patient Safety. 2010 Sep 1;36(9):402-AP18.

- Mattarozzi K, Sfrisi F, Caniglia F, De Palma A, Martoni M. What patients' complaints and praise tell the health practitioner: implications for health care quality. A qualitative research study. International Journal for Quality in Health Care. 2017 Feb 1;29(1):83-9.

- Reader TW, Gillespie A, Roberts J. Patient complaints in healthcare systems: a systematic review and coding taxonomy. BMJ quality & safety. 2014 Aug 1;23(8):678-89.

- Taylor DM, Wolfe R, Cameron PA. Complaints from emergency department patients largely result from treatment and communication problems. Emergency Medicine. 2002 Mar;14(1):43-9.

- Van Dael J, Reader TW, Gillespie A, Neves AL, Darzi A, Mayer EK. Learning from complaints in healthcare: a realist review of academic literature, policy evidence and front-line insights. BMJ Quality & Safety. 2020 Feb 4.