Benchmarking Patient Complaints Data across Ontario Hospitals: University Health Network Invites Collaboration

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Abstract:

- What do patients want from hospital-based healthcare services?
- Why are patients unhappy with their experiences?
- What can hospitals do to make things better?
- What are the specific areas that are ripe for quality improvement initiatives?

These are questions that hospital executives have increasingly struggled with for the last decade. Efforts to determine the answers to these questions have been implemented, and important knowledge is now available to healthcare administrators within their organizations and through benchmarking across the board.[1] However, a rich and important source of patient feedback has been ignored. Specifically, when patients are unhappy with their experiences they seek assistance and redress from the hospital-based complaints department. While the names of these departments vary across Ontario,[2] and while authority and scope of practice may also vary,[3] it is increasingly common for all hospitals to identify an individual(s) to respond to patient concerns.[4] Individual hospitals are eager to learn from the data collected in their "complaints departments," and many intra-hospital improvements come from this source of information.

Perhaps the time has come to work toward benchmarking across the province? There are problems to overcome in establishing a scientifically rigorous methodology for comparison, but what if it were possible? Would such an activity not benefit each organization as it strives to find ways in which to improve patient safety, while improving quality of outcome and efficiency of process?
This, then, is a challenge to all hospitals in Ontario: work with the University Health Network in a voluntary and collaborative process to capture and compare data about patient complaints - this will help all of us in our understanding

University Health Network's Response to the Voice of the Patient

To facilitate the resolution of concerns expressed by patients and their family members, the University Health Network (UHN) established a centralized department of Patient Relations in 1993.[5] The mandate was challenging and broad: support and respond to all patient complaints (across all disciplines - including physicians) that arise in any of the four divisions of the UHN.[6]
Initially, the goals of the department were not well-defined. However, there was a general belief that patient and family members would be supported through the presence of a Patient Relations department. In response to patient/family demands and organizational needs, the goals and objectives of the department have become more concrete over time:

- facilitate resolution of individual patient/family concerns in a standardized, transparent and impartial manner, that is, "be the ombudsman at UHN";

- support patients and families during a time of extreme physical, emotional and psychological vulnerability in an effective and direct manner so that they have a better quality of experience;
- identify system issues, and advocate and support change across all departments within the hospital;
- establish a method for quantitative and qualitative data collection in order to identify patient experience as an important indicator of quality improvement opportunities.

DATA COLLECTION IN THE PATIENT RELATIONS OFFICE

Patients and family members tend to complain corporately and compliment clinically. It is generally appreciated, therefore, that compliments are underrepresented in the data causing the perception of disproportionate complaint:compliment ratio. By policy, complaints that cannot be resolved at the locus of activity where they occurred, or when an impartial third party review is requested by any of the parties to the conflict, the support of the Patient Relations Office is sought.

Increasingly, staff and physicians are using the consultation service of the Patient Relations Office to resolve concerns more effectively. The notion of early identification is being internalized, and many calls are made to provide pre-emptive notification of a complaint that is "in the works."

Table 1. Review of selected complaints data, all sites, on a yearly basis

	April 2002 - March 2003	April 2003 - March 2004	Percentage Change
Pre-Emptive Calls (heads-up contact from staff)	778	879	11% ^
Number of Complaints (where review takes place and file opened)	900	952	5% ^
Number of Compliments	553	680	19% ^
Number of Inquiries, Support, Suggestions, Comments Received from Patients, Staff and Physicians	261	809	68% ^
TOTAL FILES OPENED	1,714	2,441	30% ^

Although the number of complaints remains relatively steady in the last two fiscal years, the number of calls by patients/family members, staff and physicians to the office has increased. The large increase in pre-emptive calls by staff and the even larger increase in number of calls requiring supportive listening by patients, family members, staff and physicians is remarkable. This supports the claim that awareness across UHN has been enhanced and that the patient relations service is filling an identifiable need. These data also suggest an increased willingness on the part of staff to step forward and request help. This should be perceived as a positive step, which is supportive of a culture of patient safety. It is interesting to note that in 2003-2004, of the 879 preemptive files opened, only 55 (6%) actually went on to become a complaint that required investigation. This suggests, at least in part, that the call was not so much a "complaint" but rather a way of seeking clarification, support, advice and coaching in resolution techniques or option building. When pre-emptive calls are combined with calls for inquiries, suggestions, support or comments, it becomes clear that a large portion of patient relations work is dedicated to

1. supporting/educating patients/families
2. supporting/educating staff
3. supporting a culture of openness and patient safety
4. creating a culture of collaboration and collegiality with UHN broadly
5. supporting corporate risk management efforts

HOW DO PATIENTS CONTACT THE PATIENTS RELATIONS OFFICE?

Most contacts with the Patient Relations Office are made by telephone. Contacts by letters and e-mails make up the next largest mode of contact. Personal visits represent only a very small number of contacts made. These data appear to support the departmental decision to remain centralized in one location (as opposed to site-based locations at each of the three hospitals), since location does not appear to have much influence on mode of contact. Further, it is hypothesized that the anonymity of the telephone, and the resultant dis-inhibition, allows patients/families to express feeling of anger and frustration more freely and in a more genuine and visceral manner.

Table 2. Method of complaint, 2002-2004

	2002-2003		**2003-2004**	
Telephone	967	56%	1,497	61%
Letter	474	28%	613	25%
E-mails	149	9%	250	10%
In person	101	6%	52	2%
Fax	19	1%	22	1%
Feedback form	Not used this year		3	
Hotline	4	2		
Total	1,714	2,441		

Given that the bulk of interactions with patient relations occur on the telephone, an intra-departmental perception developed that "the phones are always ringing." Data collection of telephone calls was initiated.

Table 3. Five-year review of number of telephone calls received by patient relations

	Total number of calls per fiscal year	**% Change**
1999-2000	6,677	--
2000-2001	7,523	11% ^
2001-2002	8,618	13% ^
2002-2003	10,206	16% ^
2003-2004	10,255	No significant change

Calls represent complaints, concerns, inquiry and request for support and return calls made to the office by parties to the conflict. The data confirms the perception: the phones are always ringing!

WHY IS "BUSINESS GROWING"?

Anecdotal conversations with staff and patients/families indicate that referrals to the patient relations service are the result of increased publicity via posters, tent cards, Internet and intranet Web pages, pamphlets, bookmarks and information presented at various new-employee orientation sessions. Further, feedback from patient/family members, acquired through retrospective surveying, indicates that they find the service supportive, responsive and respectful. Similarly, feedback from physicians and staff, acquired through retrospective survey, indicate high satisfaction with the effectiveness of the service and the timeliness of response. It is interesting to note that staff and physicians perceive the service as being fair and supportive as opposed to punitive or antagonistic.[7] Finally, the effectiveness of mediation in resolving conflict is known in risk-management circles, and there is increasing interest in using alternate dispute resolution techniques.

WORKLOAD BY PATIENT RELATIONS STAFF MEMBERS

In 2003-2004, patient relations staff successfully shifted the bulk of routine clerical work to a 0.4 FTE clerical new hire. Differentials in workload by staff members are in direct proportion to the number of worked hours or severity of cases. Part-time staff handle fewer cases than full-time staff, and high severity cases reduce the volume of cases carried. Productivity is extremely high in this department.

SEVERITY OF COMPLAINTS

In an attempt to determine the qualitative characteristic of each complaint, a severity rating was established early on. While initially highly subjective, calibration exercises within the department indicate that inter-rater differences are small. In reviewing the data in Table 4, one sees minor change in the severity curve, although, anecdotally, staff report that time expended per call has increased. No data has been collected to date on time per call/complaint although it would be an interesting area for future research.

Table 4. Severity rating of complaints, April 2002-March 2004

Severity Rating of Complaint	April 2002 - March 2003	April 2003 - March 2004
Minor	738	760
Intermediate	137	156
Major	16	23
Proceeding to lawsuit	9	13
TOTAL	900	952

Patient relations staff anecdotally report an increased orientation by patient/family members to see every incident in "serious terms." Complainant behaviour is perceived to be increasingly confrontational, threatening and volatile. Threats of media exposure and litigation are commonplace. This behaviour appeared to be heightened by media exposure and an increased litigious orientation in society as a whole.

AVERAGE RESOLUTION TIME OF COMPLAINT FILES

An important metric of performance of the patient relations service is "responsiveness to each complainant," and "the time it takes to come to a full resolution of complaints." Clearly, complex complaints take more time than minor complaints. Further, the number of parties to the conflict increases the logistical difficulties. Nonetheless, a review of the time from initiation of complaint to resolution of complaint shows a shift from the highest stratum of "more than 21 days" downward. Almost 97% of all complaints are resolved within 20 days of initiation of complaint, and almost 72% are resolved within 10 days of initiation.

Table 5. Resolution time of complaints, April 2002-March 2004

Resolution Time	April 2002 - March 2003	April 2003 - March 2004
10 days or less	83.19%	71.35%
11-20 days	6.56%	25.46%
21 days or more	10.25%	3.2%

PATIENT RELATIONS AND WEB-BASED OUTREACH

To provide report findings to both internal and external stakeholders, the Patient Relations Office developed its own intranet and Internet sites two years ago. This site is accessible to all internal and external stakeholders. Initial response appears positive and 900 hits were reported in May 2003, while 1,185 hits were reported one year later (June 2004). This is a noteworthy 32% increase in the number of hits on the patient relations Web page.

OPPORTUNITIES FOR BENCHMARKING AGAINST OTHER HOSPITALS

In an effort to benchmark UHN patient relations data against other Ontario hospitals, informal discussions have taken place over the last year or two with patient relations representatives from other hospitals. Although there is interest in benchmarking, there is also great reticence in "exposing our dirty laundry." There is also concern that exposing complaint data may negatively impact the prestige, reputation and profile of the organization, especially if exposed in the media. Finally, there is concern about how external organizations might use such data in the future. For example, would the Ministry of Health penalize hospitals that have lots of complaints in funding allocations?

Increasingly in private and information discussions,[8] patient relations representatives are identifying similar trends of concern amongst complainants. For example, there appears to be agreement that complaints that have "attitudinal concerns" as their root cause are the most difficult to respond to and correct. There appears to be agreement that complaints

that pertain to clinical care issues are not always objective care issues but stem from held perceptions resulting from insufficient or inaccurate information and knowledge. The strong relationship between attitudinal complaints and the perception of communication and care issue complaints has been observed. While access and accessibility are important issues within the system, the manner in which these issues are dealt with are as important to patients.

Benchmarking amongst all hospitals would validate the extent to which these trends are observed across the province and lend power to the patient's voice. Further, benchmarking would highlight those organizations that have implemented effective strategies to patient concerns, and we can all learn from these effective and successful strategies.

For example, patient representatives have indicated that patients demonstrate concern and extreme anxiety about the perceived decline in the quality of the healthcare system. There are concerns related to issues of budget reductions, staff shortages and system fragmentation, as well as complaints about the quality of communication and the attitude of healthcare team members. Access and accessibility issues are related to complaints around cancellations of surgeries, reduction of services and program closures.

Disagreements with discharge policies appear to stem from a real concern about the absence of supportive healthcare services in the community. Most patient relations representatives anecdotally agree that these trends are evident across the province, although data to support this understanding via benchmarking is very important..[9]

NEXT STEPS

There are concerns about technical, process and methodological issues related to benchmarking, which need to be addressed in a forthright and logical manner. For example, there appears to be variation in the definition of the term complaint; what one hospital terms a complaint another hospital may call an inquiry. How would one address issues around inter-rater differences given the highly subjective nature of "complaints"?

On the other hand, there is a fair amount of optimism amongst patient relations representatives that the technical issues can be effectively and easily addressed, particularly because many hospitals in Ontario use a similar complaint management database.[10]
The challenge then appears to be to "get started," and this requires a willingness and formal commitment by healthcare facilities to willingly and openly participate in the process of benchmarking. There are problems to overcome to establish a scientifically rigorous methodology for comparison. There are also valid organizational concerns and fears to overcome. However, we have an opportunity to voluntarily share data and ultimately support an integrated patient experience. Please join with UHN in this endeavour by indicating your interest openly and directly.

FOOTNOTES

1. The Ontario Hospital Association currently works with a commercial vendor, National Research Corporation, in standardized surveying. The University of Toronto, Department of Health Policy and Research is the lead investigator on the Hospital Report and works with CIHI in the production.

2. Names commonly used to describe these functions are: Patient Relations departments, Patient Representative office, Client Representative and Ombudsman office.

3. In some hospitals, this function is a customer complaints department, while in other hospitals the role has evolved into a classical Ombudsman role.

4. Ontario Patient Representatives Association Survey. 1998 and 2001.

5. Located at The Toronto General, in the corporate office complex. The location offers close proximity to The Toronto General and the Princess Margaret Hospital with a brief shuttle ride or short walk to the Toronto Western Hospital. Centralization of personnel also supports maximum efficiency and customer service as well as communication and continuity of complaints. Given that the burnout rate of patient relations officers is relatively short, the benefits of group support/camaraderie is important at a human and emotional level to staff in the Patient Relations department.

6. The divisions of the University Health Network include three hospitals and one laboratory corporation: The Toronto General Hospital, The Toronto Western Hospital, The Princess Margaret Hospital and Toronto Medical Laboratories.

7. Patient Relations Survey of its Stakeholders. 2003.

8. Ontario Patient Representative Association Meetings.

9. Ontario Patient Representatives Association. Ongoing Discussions.

10. Many hospitals use a system called Patient Feedback Monitor, RL E-solutions Toronto, Ontario.