

Analysis of complaints in maternity at UHL using coding taxonomy

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BACKGROUND:

The NHS Complaint Standards defines a complaint as an expression of dissatisfaction that requires a response. It can be about an act, omission or decision you have made, and/or the standard of service you have provided. [1]. According to national statistics presented by NHS Digital there were 170,013 patient complaints received in 2020-21, 465 complaints per day. This is no different to the number of complaints received in 2013-14, when it was reported to be over 175000 written complaints, equivalent to 479.1 complaints per day. Patient complaints provide a large and distinctive pool of data that gives patient-centered insights into areas not identified by adverse incident reporting systems and can be a valuable source to identify specific problems in the healthcare setting. Such insights may often be applicable beyond the department in which the incident took place and provide a point for wider system learning.

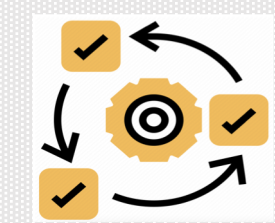
The patient perspective is important because users of health services may have a different view of problems to those reported by health professionals in the adverse incident reporting systems that are now routine practice in many countries [2, 3]. Complaints from patients often relate to safety and service quality problems in their care [4,5], as well as concerns about treatment and poor communication with health professionals [3]. Often, they can be a marker of dysfunctional teams. Complaints have a significant impact on the staff morale and confidence. They need to write reflections and have to disclose in ARCP's and appraisals. It also affects the organization by increasing the demand on staff time and allocation and has significant financial implications as well. It affects the patients as they lose trust in the care provided.

Inadequate complaint management by service providers has led to high profile investigations as seen in the recent reviews in the NHS Maternity care settings [6,7,8]. In such cases, the failure to listen to patient concerns and then to implement reforms led to major quality and safety failures.



AIMS AND OBJECTIVES:

- ❖ Improve complaint response and learning
- ❖ Identify problematic areas by aggregate analysis of patient complaints.
- ❖ Improve patient satisfaction.
- ❖ Improve quality and safety of clinical care.



DESIGN AND METHODOLOGY:

The project was designed as a Quality Improvement Project. Relevant literature search was performed and the coding Taxonomy by Reader et al. [4] was identified as analyses tool for our study. It is based on a systematic review of the complaints literature.

CATEGORIZATION:

The taxonomy categorizes patient complaints into three conceptual domains:

- ❖ Safety and quality of clinical care
- ❖ Management of healthcare organizations
- ❖ Problems in staff-patient relationships.

Within each domain are categories and sub-categories for particular complaint types; there are 7 categories and 26 sub-categories in total.



CODING TAXONOMY

Domains	Categories	Sub-categories
Clinical	Examination	Diagnostic patient contribution by clinical staff
	Quality	Problems in the coordination of treatment in different services by clinical staff
	Quality of care	Unnecessary clinical treatment
Safety	Errors in diagnosis	Errors, omissions, omissions, or other clinical diagnosis
	Medication errors	Errors in prescription or administration of medication
	Safety incidents	Events or complications that threatened the safety of patients
Management	Staff and conduct	Differences in the clinical and non-clinical skills of staff that compromise safety
	Environment	Problems with infrastructure, policies and procedures
	Finance and billing	Problems with hospital services for supporting patients
Timing and access	Service issues	Problems with hospital services for supporting patients
	Staffing and resources	Problems with hospital services for supporting patients
	Access and admission	Delays in admission or access to treatment
Communication	Delays	Delays in admission or access to treatment
	Discharge	Delays in discharge or access to treatment
	Referrals	Problems in being referred to a healthcare service
Relationships	Communication breakdown	Diagnostic, diagnostic or other communication with patients
	Incorrect information	Communication of wrong diagnosis or other information to patients
	Patient self-diagnosis	Not listening to patient, lack of shared decision-making, and conflict
Patient rights	Access, equity, and safety	Access, equity, and safety
	Humaneness/caring	Problems with infrastructure, policies and procedures
	Privacy	Problems with infrastructure, policies and procedures
Patient rights	Confidentiality	Problems with infrastructure, policies and procedures
	Consent	Problems with infrastructure, policies and procedures
	Discrimination	Problems with infrastructure, policies and procedures

Reader et al. [4]



RETROSPECTIVE ANALYSIS

The Maternity department at UHL is split over two sites, Leicester General Hospital and Leicester Royal Infirmary.

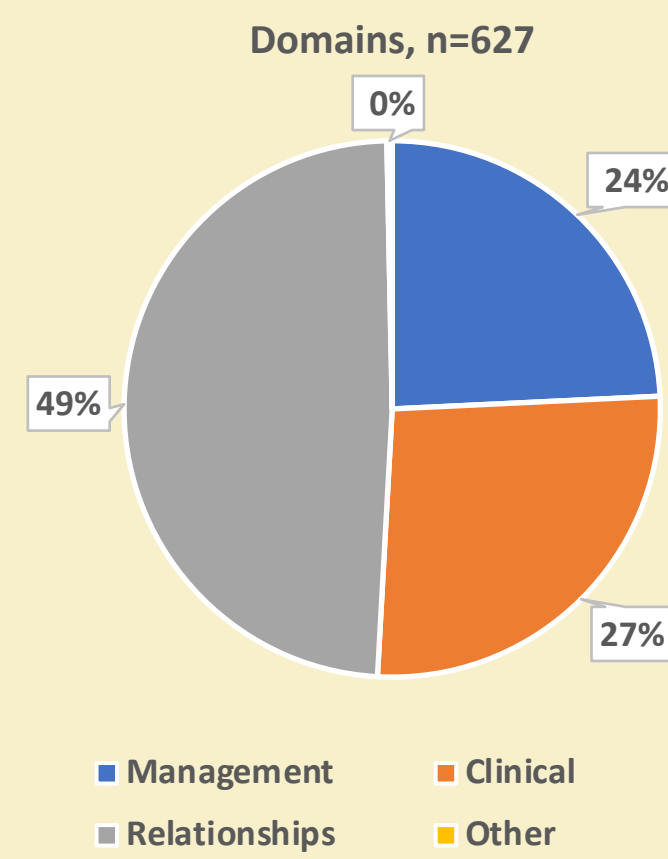
We performed a retrospective review of all complaint letters submitted to Maternity unit at University Hospital of Leicester over 2 years (January 2018 till December 2019).

The data from the patient letters and emails was collected on a proforma and analysed using coding taxonomy identified earlier.

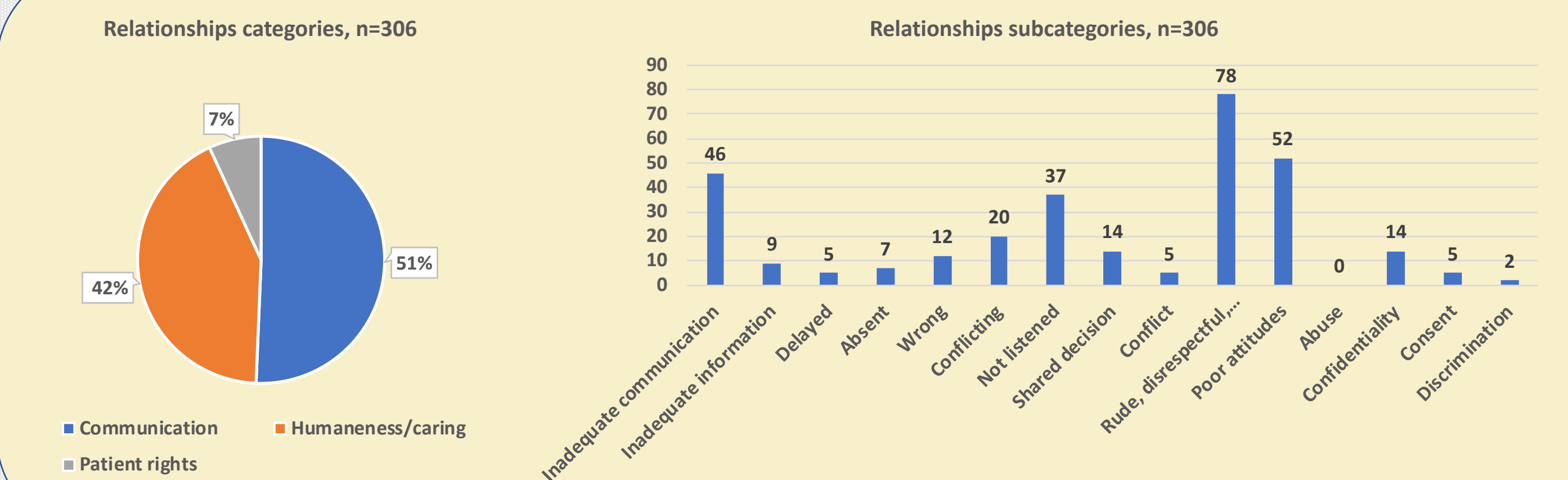
RESULTS:

UHL NHS Trust maternity unit received 238 complaints over two years. Out of these we were unable to access 24 complaint letters. Total complaints reviewed were 214 (89.9%). Multiple domains and categories were reflected in most of the complaints. Total number of issues identified were 627 (2.6 issues per complaint).

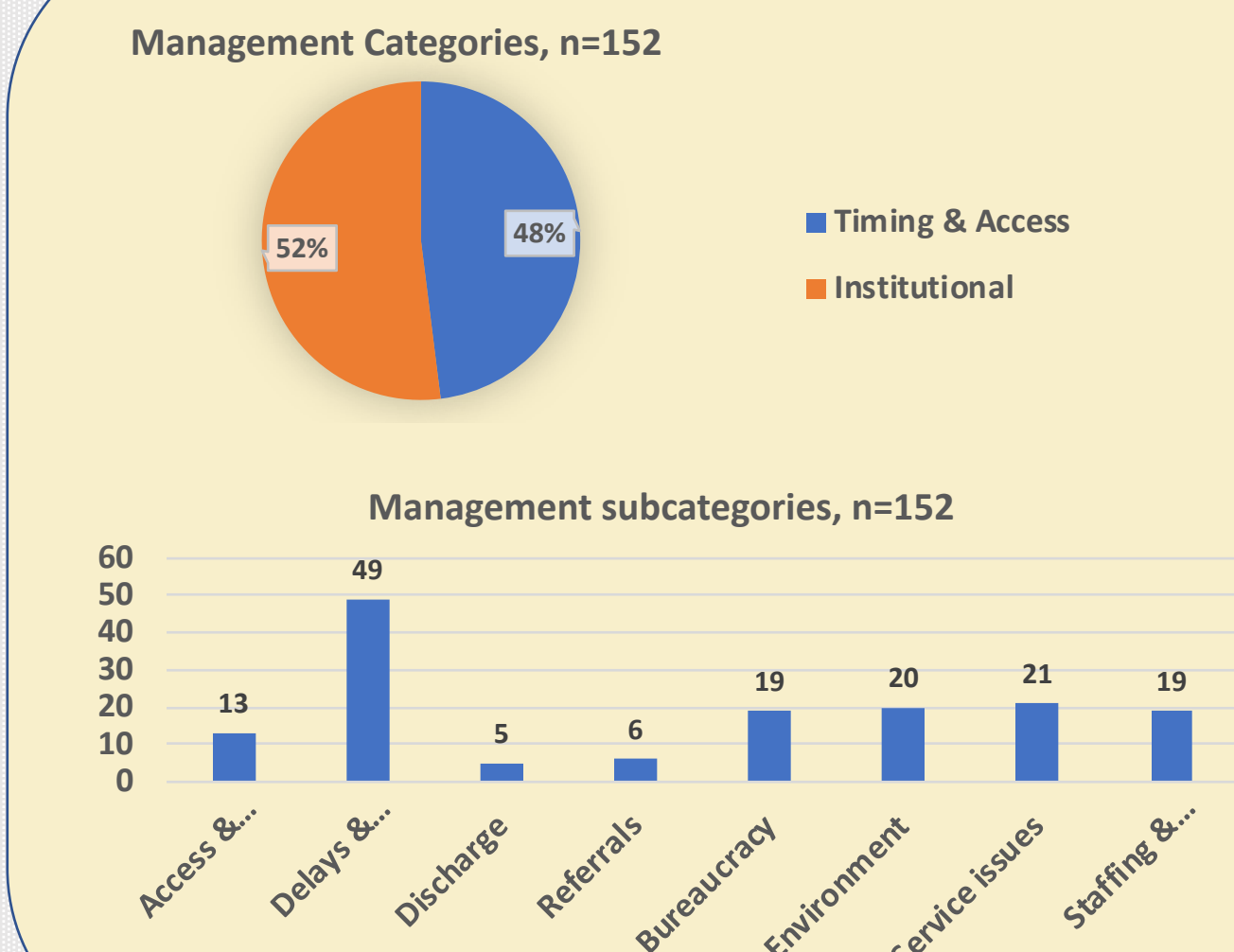
Analysing the domains, clinical care issues were 167(26.7%), management issues were 152(24.3%) and staff-patient relationship issues were highlighted as an issue 306(48.9%) times. Communication 155(50%) was highlighted as the predominant category followed by humaneness 130(42.4%). Patient rights were mentioned as an issue 21(6.8%) times. 2 issues did not fall into any domain.



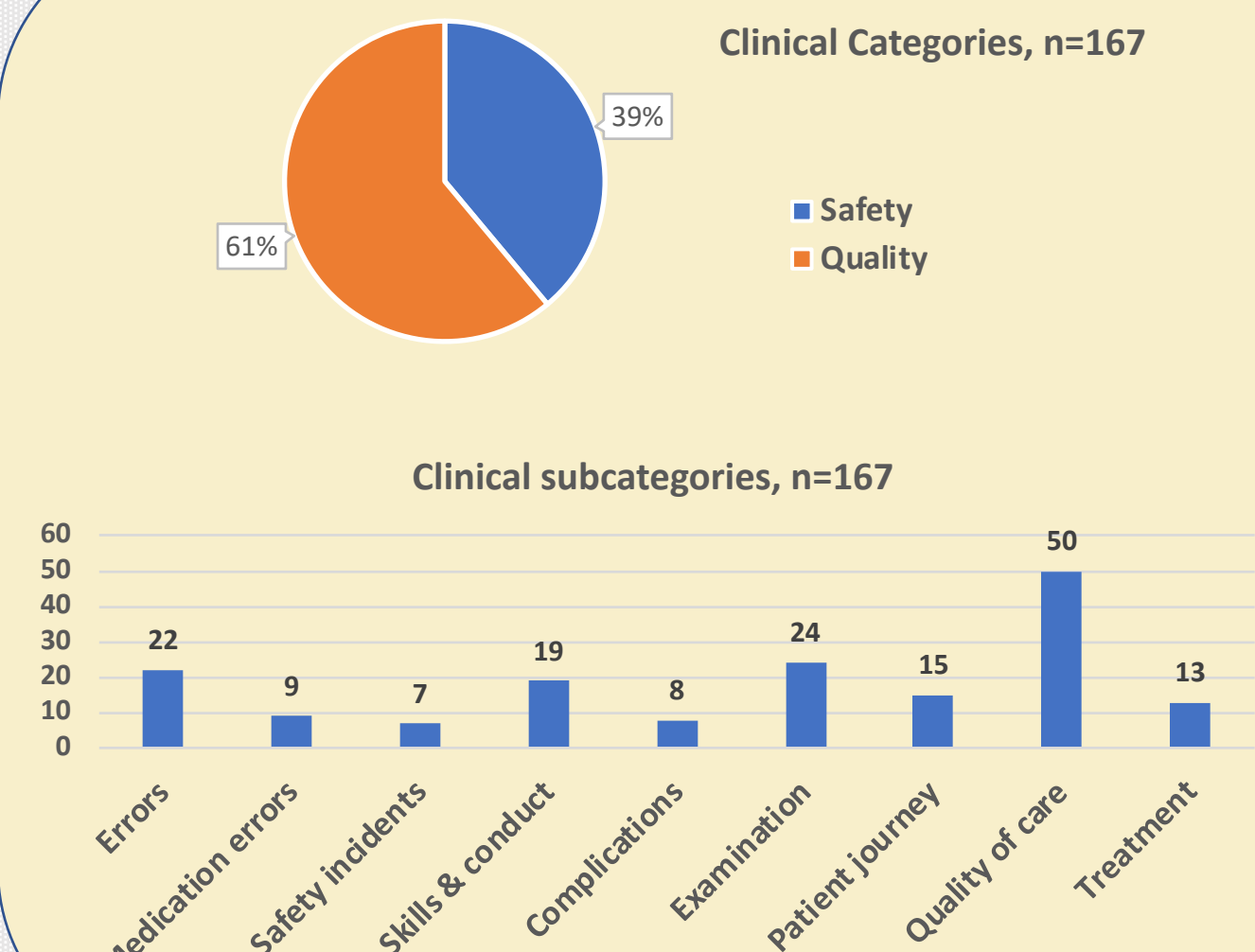
RELATIONSHIPS:



MANAGEMENT:



CLINICAL:



In the management domain, data was equally divided into timing and access to treatment (n=73) with and institutional issues. Procedure delay and cancellation was a predominant subcategory (n=49) in management. All subcategories were equally represented in the institutional issues (n= 79). In clinical domain, 65 (38.9%) issues were related to safety and 102 (61%) issues related to quality. Quality of clinical care subcategory (n= 50) was the most recurrent issue in clinical domain.

DISCUSSION:

Complaints from patients are diverse including treatment failure & complications, communication breakdown, perceived lack of courtesy and empathy, rudeness and dissatisfaction with facilities. Mechanisms for analysing and responding to complaints are now part of the regulatory landscape in most institutes, however, they are categorised differently in different health care systems. Reema et al [9] has mentioned that taxonomy enables “categorisation of..... Information using standardised sets of concepts with agreed definitions, preferred terms, and the relationships between them based on an explicit domain ontology. It is designed to facilitate the description, comparison, measurement, monitoring, analysis and interpretation of information”.

Our results were comparable to Reader et al. [4]. They reported communication as a common complaint issue. In this study Clinical domain was reflected in 33.7%, management domain in 35.1% and relationship domain was reflected in 29.1% complaints. Reema et al.[9] looked at the complaints using same taxonomy, but reviewed only serious complaints. They found clinical domain was reflected in 68% of complaints, management domain in 19% and relationships domain in 13%.[9]. Other literature also reports major issues in staff-patient relationships. A significant proportion of patients have been reported to express dissatisfaction with the quality of service, like poor coordination of care, staff attitudes and behaviors. Taylor et al. identified nearly 32% of emergency department complaints as communication issues. Analyses of patient complaints in Singapore and Sweden also report the top causes of patient grievances as staff-patient communication, rude and aggressive behaviors or feeling of being ignored [7, 10,11].

Although, we acknowledge that this could be a genuine issue, but we need to be mindful of the variables used in capturing the data. Recognising that there may be contributory factors like staff shortages and time constraints. Lots of complaints are inter-related and complex and it may not be possible to put them under one category. They are also difficult to validate.

The communication and interpersonal issues present particular coding difficulties in relation to validity and reliability. Some complains can be applied interchangeably, such as delay in admission or treatment could be applied as management or clinical issue and this may explain the difference of data found in various studies.

Coding for complaints also faces the challenge of subjectivity. However, whatever the challenges are use of standard taxonomy will enable complains managers and policy makers to recognise patterns and develop targeted recommendations and interventions.

CONCLUSION:

Incorporating coding taxonomy allows for qualitative data to be more easily analysed, making recognition of trends and areas requiring improvement easier. Our study revealed that many complaint issues were inter-related, demonstrating the multi-faceted nature of complaints and the complexity associated with their coding and analysis. There is a need to have clear definitions for the subcategories to avoid such overlap.

RECOMMENDATION:

1. Formal communication training for staff
2. Use of reminders such as posters in clinical areas.
3. Coding Taxonomy in complaints analyses to capture the data and set benchmark for improvement.
4. Repeat this project in two years to identify improvement or challenges encountered.

ACKNOWLEDGEMENT:

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