Healthcare Complaints
Analysis Tool

THE LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE

Healthcare Complaints Analysis Tool
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Contact

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INTRODUCTION

This manual provides instructions on how to use the Healthcare Complaints Analysis Tool (HCAT) to analyse complaints from patients and families regarding poor healthcare experiences. HCAT enables organisational listening [1] through aggregating individual healthcare complaints so that patient concerns can facilitate service monitoring and organisational learning.

Why analyse healthcare complaints?

Healthcare complaints are often written with the aim of contributing to the improvement of services [2]. However, the tools for harnessing the potential of these insights have been limited [3-6]. Yet, we know that utilising patient experiences has the potential to enhance the quality and safety of healthcare delivery [7-12]. For example, "low-level" problems in caring for patients and following procedures have been shown to precede adverse events and wide-spread failures in healthcare delivery [13]. Identifying these low-level problems is important for ensuring the resilience and safety of healthcare systems [5], and the monitoring of patient experience is an additional way through which risks to patient safety can be identified [15]. More specifically, analysing letters of complaints to healthcare institutions ("healthcare complaints") made by patients and families is a potentially useful way to assess healthcare safety and quality [3-6].

Healthcare organisations can learn from letters of complaint because patients and their families are sensitive to, and able to recognise, a range of problems in healthcare delivery. Specifically, patients and their families process a huge amount of data, observing and evaluating all healthcare interactions [16]. Indeed, they have privileged access to information on continuity of care [17, 18], communication failures [19], dignity issues [20] and patient centred care [21]. Moreover, once treatment is concluded, patients and their families are relatively free to speak up about their experiences without fear of repercussions [22]. Finally, because patients and their families are outside the given healthcare organisation they provide an independent assessment of that organisation that is grounded in the changing norms and expectations of society [23].

What are healthcare complaints?

"Healthcare complaint" refers to an expression of grievance and dispute, typically written and communicated through a letter by a patient or their family, about the receipt of healthcare [24, 25]. Healthcare complaints are usually written to a healthcare organisation (or regulator) after a threshold of dissatisfaction with care has been crossed [26], are typically written by patients or families on behalf of patients [27], and are often written with the intention of improving future service provision [2]. Although the frequency of healthcare complaints relative to healthcare episodes is low, the total number of complaints can be substantial [6]. For example, the UK National Health Service (NHS) receives over 100,000 annually [28]. Complaints can focus on diverse problems (eg, car parking, prescribing errors), describe different types of harm (eg, physical,

emotional), and have different underlying aims (eg, resolving upset, creating change, preventing future issues) [6]. The problems raised in a patient letter of complaint are often not identified by traditional systems of healthcare monitoring (eg, incident reporting systems, retrospective case reviews) [29, 30]. However, methodologies for researching patient complaints are poor, and there is a need for systematic and rigorous analytical tool for analysing healthcare complaint letters [3-6, 31, 32].

What is The Healthcare Complaints Analysis Tool (HCAT) for?

HCAT is the first standardised tool for analysing healthcare complaints in a rigorous and conceptually meaningful way. It is also the first tool that can reliability assess problem severity. The tool has been developed equally by Dr Alex Gillespie and Dr Tom Reader at the London School of Economics and Political Science. The tool is based on an empirically derived and theoretically guided framework through which information in a healthcare complaint can be reliably codified and assessed.

HCAT is designed to support healthcare institutions and national or international monitoring institutions. Results from HCAT can be used to: 1) systematically characterise the general and specific problems reported by patients within a particular healthcare institution; 2) differentiate between high and low-performing healthcare institutions (eg, in terms of the severity of problems reported); 3) identify healthcare institutions with especially high risk profiles (eg, in terms of patients reporting severe safety problems); 4) encourage learning and the sharing of information between institutions, and; 5) provide longitudinal data on complaint trends (eg, to test the effect of an intervention to improve patient experience).

 Support of varying degrees is available for using HCAT, and those interested should contact the authors, Dr Alex Gillespie and Dr Tom Reader.

OVERVIEW: THE HEALTHCARE COMPLAINTS ANALYSIS TOOL (HCAT)

The Healthcare Complaints Analysis Tool (HCAT) is an analytical tool for codifying and assessing the problems highlighted by patients and their families or advocates in letters of complaint. The categories and sub-categories for analysing complaints have been developed through a systematic review of the academic patient complaint literature [6], collaboration with relevant specialists, in-depth analyses of healthcare complaints, pilot studies, and reliability testing [33].

At the centre of HCAT is a coding taxonomy which can be used to distinguish the types of problems raised in healthcare complaints. The taxonomy consists of a three-level hierarchy of "domains", "problem categories", and exemplar "problem indicators" covering 36 sub-categories (for which reliability testing is ongoing). Table 1 outlines the core coding taxonomy. Using the taxonomy, analysts identify and code the types of problems reported by patients in a letter of complaint. Analysts then assess the severity of the problems reported in the letter of complaint, identify where in the care process problems were experienced, and report on the level of harm experienced by patients.

Table 1. HCAT Domains and problem category definitions

CLINICAL PROBLEMS	
Issues relating to quality and safety of clinical and nursing care provided by healthcare staff (ie, doctors, nurses, radiologists, and allied health professionals)	**Quality:** Clinical standards of healthcare staff behaviour
	Safety: Errors, incidents, and staff competencies

MANAGEMENT PROBLEMS	
Issues relating to the environment and organisation within which healthcare is provided (for which administrative, technical, facilities and management staff are usually responsible)	**Environment:** Problems in the facilities, services, clinical equipment, and staffing levels
	Institutional Processes: Problems in bureaucracy, waiting times, and accessing care

RELATIONSHIP PROBLEMS	
Issues relating to the behaviour of any specific member of staff towards the patient or their family/friends	**Listening:** Healthcare staff disregard or do not acknowledge information from patients
	Communication: Absent or incorrect communication from healthcare staff to patients
	Respect and patient rights: Disrespect or violations of patient rights by staff

Each of the domains, and the problems that underlie them, are conceptually distinct: "Clinical problems" relate to the literature on human factors and safety [7, 34, 35]; "management problems" relate to the literature on health service management [36-38], and; "relationship problems" relate to the literatures on patient perspectives [39], including issues of communication [40], dignity [20], and patient rights [41]. Underlying each category is a number of sub-categories. These sub-categories can be used to classify the specific types of problems being identified within each complaint category (eg, to support organisational learning). However, although these sub-categories are based on a systematic review of the literature [6] and iterative coding [33], the reliability for the use of sub-categories is yet to be ascertained.

Who can use HCAT?

HCAT is free to use. It has been designed to be used by clinical staff (eg, nursing, medical staff), non-clinical staff (eg, administrative, patient experience), and healthcare researchers (eg, health psychologists, risk specialists). HCAT has been tested for reliability and accuracy [33]. The results show that educated users, provided they have been trained with the present manual and practiced with some sample complaints, will be able to analyse healthcare complaints in a similar and consistent manner.

Prior to using HCAT, assessors should:

- understand what a healthcare complaint is
- understand the utility and purpose of analysing complaints
- be familiar with the three-level hierarchy of "domains", "problem categories," and "indicators"
- know how to use the indicators to identify a problem category and severity
- understand how to apply the coding framework to analyse a patient letter of complaint
- understand what a "stage of care" is, and how to code it
- understand the meaning of patient harm
- undergo a calibration exercise whereby they use HCAT on pre-coded example letters (contact the authors for details on this training).

General guidelines

The purpose of HCAT is to support the analysis and aggregation of information on the types of problems experienced by patients and families (as reported in letters of complaint).

The purpose of HCAT is not to: 1) assess the veracity of issues raised by patients; 2) detail the specific clinical problems experienced by patients; 3) focus on the competencies of specific members of healthcare staff, or; 4) support the management of an individual letter of complaint.

When using HCAT, the information reported in a healthcare complaint should be taken at face value, and evaluated in a way that is non-judgemental of either patients or healthcare staff. From the perspective of patients, information provided in a letter of complaint usually reflect an upsetting or concerning experience, and whilst the system makes assessments of the types and severity of those experiences (in comparison to the range of problems raised by many patients), no judgement is made about the

intentions of the complainant, their right to complain, or the importance attached by the complainant to the issues they describe (ie, both low and high severity complaints can provide crucial information on safety-related issues). Conversely, because healthcare complaints are written from the perspective of patients and families, relatively little insight can be provided on the perspective of healthcare staff who feature in a complaint (eg, on the wider system pressures influencing their behaviour), and thus the behaviour of specific staff members or groups is not examined.

The coding process should be strictly empirical, that is, focused on the actual words used in the letter of complaint (rather than extrapolation or interpretation). Central to the utility of HCAT is the fact that it is reliable (ie, that two people will code the same letter similarly). This reliability is achieved, in part, by requiring coders to focus on the text within each complaint (not judgements or inferences). To facilitate sticking closely to the text, assessors should become familiar with the type of words that indicate each of the main problem categories (reported below).

A STEP-BY-STEP GUIDE

The data entry for HCAT is most appropriately done via a computer, however, it can also be done using pen and paper. The following guide will, for ease of reference, assume that the pen and paper recording sheet at the end of this document is being used.

Coding a healthcare complaint using HCAT involves four-phases (A-D), each of which are described in the sections below (see table 2 for a summary).

Table 2. Four phases for coding a healthcare complaint

A. Identifying the presence of problem categories (and, if required, sub-categories) within the letter of complaint using the coding taxonomy, and assessing their severity
B. Specifying the stages of care at which problems occurred
C. Indicating the level of harm arising from the reported problem
D. Providing descriptive information about the letter of complaint

Section A: Identifying problems and assessing severity

The first stage in coding a healthcare complaint using HCAT is the identification of problems contained with a letter of complaint, and an assessment of their severity. The healthcare complaint coding taxonomy identifies three distinct domains (clinical, management and relationship) of healthcare complaint, comprising seven problem categories and 36 sub-categories.

To facilitate the identification of problems within a healthcare complaint, exemplar indicators have been developed for each. These are specified in greater detail in figures A1-A3 on the following pages, and are to be used to guide: 1) the identification of problem categories in a patient letter of complaint, and; 2) the assessment of problem severity.

Severity ratings should be independent of outcomes (ie, harm). The severity ratings are not comparable across problem categories. Rather severity ratings should be based on the indicators provided in the following pages. These severity indicators, which are based on the 36 sub-categories, were developed through iterative coding of a UK national sample of healthcare complaints (n = 1081), which entailed mapping severity for each problem category, and thus identifying independent severity distributions within each problem category and sub-category.

To analyse a healthcare complaint, the following steps should be undertaken:

1 Read through the letter of complaint without coding anything

2 On second reading, identify the problem category (and, if required, sub-category) being complained about using the problem definitions and the keywords.

3 For each problem category identified, use the severity indicators in figures A1-A3 to determine the severity level. The indicators are exemplars of (1) low, (2) medium, and (3) high severity problems for each problem category.

i. If a problem category is not identified and attributed at severity score, it is automatically rated as 0 (not present).

ii. If one problem category is present at multiple levels of severity, only the highest level of severity should be recorded.

iii. If one event (eg, surgical complication) relates to multiple problem categories (ie, safety, communication) then all relevant problem categories should be recorded.

iv. Should further analysis be required, problems categories may also be coded in terms of the sub-categories that comprise them. Although each sub-category has an indicator at each severity level, the reliability of coding severity at this fine-grained level has yet to be established.

4 Use SECTION A on the HCAT form, at the end of this manual, to record the problem and severity coding.

A1. Clinical Problems. Issues relating to quality and safety of clinical and nursing care provided by healthcare staff (ie, doctors, nurses, radiologists, and allied health professionals)

Quality: Clinical standards of healthcare staff behaviour • Sub-categories: Neglect – Hygiene & personal care; Neglect – Nourishment & hydration; Neglect – general; Rough handling & discomfort; Examination & monitoring; Making & following care plans; Outcomes & side effects. • Keywords: "not provided", "was not done", "did not follow guidelines", "poor standards", "should have", "not completed", "unacceptable quality", "not successful".		
1. Low severity	**2. Medium severity**	**3. High severity**
Delay changing dirty bedding	Patient dressed in dirty clothes	Patient left in own waste in bed
Isolated lack of food or water	Nothing to eat or drink for one day	Patient dehydrated/ malnourished
Wound not dressed properly	Seeping wound ignored	Infected wound not tended to
Rough handling patient	Patient briefly without pain relief	Force feeding baby, resulting in vomiting
Patient monitoring delayed	Patient not monitored properly	Discharge without sufficient examination
Patient not involved in care plan	Aspect of care plan overlooked	Failing to heed warnings in patient notes
Patient left with some scarring	Patient required follow-up operation	Patient left with unexpected disability
Safety: Errors, incidents, and staff competencies • Sub-categories: Error – diagnosis; Error-medication; Error – general; Failure to respond; Clinician skills; Teamwork. • Keywords: "incorrect", "medication error", "did not notice", "mistake", "failed to act", "wrong", "poor coordination", "unaware", "missed the signs", "diagnosis".		
1. Low severity	**2. Medium severity**	**3. High severity**
Slight delay in making diagnosis	Clinician failed to diagnose a fracture	Clinician misdiagnosed critical illness
Slight delay administering medication	Staff forgot to administer medication	Incorrect medication was administered
Minor error in recording |patient progress	Delay noticing deteriorating condition	Onset of severe sepsis was not identified
Not responding to bell (isolated)	Not responding to bell (multiple)	Not responding to heart attack
A minor error filling-out the patient notes	Clinician overlooked information (eg, previous experience of an illness)	Clinician overlooked critical information (eg, serious drug allergy)
Minor misunderstanding among clinicians	Test results not shared with clinicians	Failure to coordinate time-critical decision

A2. Management Problems. Issues relating to the environment and organisation within which healthcare is provided (for which administrative, technical, facilities and management staff are usually responsible)

Environment: Problems in the facilities, services, clinical equipment, and staffing levels • Sub-categories: Accommodation; Preparedness; Ward cleanliness; Equipment; Staffing; Security. • Keywords: "not available", "shut", "not enough", "dirty", "shortages", "broken", "poor equipment", "soiled", "used before", "poorly signed".		
1. Low severity	**2. Medium severity**	**3. High severity**
Noisy ward surroundings	Patient was cold and uncomfortable	Fleas, bed bugs, rodents
Patient bed not ready upon arrival	Patient placed in bed in corridor	Patient relocated due to bed shortage
Dirt and cigarette ends on main floor	Blood stains in bathroom	Overflowing toilet, faeces on floor
Parking meter not working	A temporary malfunction in an IT system	Medical equipment malfunctioned
Midwife repeatedly called away	Specialist not available	Severe staff shortages
Argument between patients	One patient bullying another patient	Patient assaulted by another patient
Institutional Processes: Problems in bureaucracy, waiting times, and accessing care • Sub-categories: Delay – access; Delay – procedure; Delay – general; Bureaucracy; Visiting; Documentation. • Keywords: "delayed", "postponed", "cancelled", "lost", "not admitted", "administrative problems", "not referred", "confused notes", "more paperwork", "unaware of me".		
1. Low severity	**2. Medium severity**	**3. High severity**
Difficulty phoning healthcare unit	Waited in emergency room for hours	Unable to access specialist care
Non-urgent medical procedure delayed	Medical procedure delayed	Acute medical procedure delayed
Phone calls not returned	Complaint not responded to	Emergency phone call not responded to
Appointment cancelled and rescheduled	Chasing departments for an appointment	Refusal to give appointment
Visiting times unclear	Visiting unavailable	Family unable to visit dying patient
Patient notes not ready for consultation	Patient notes temporarily lost	Another patient's notes used as basis for consultation

A3. Relationship Problems. Issues relating to the behaviour of any member of staff towards the patient or their family/friends

Listening: Healthcare staff disregard or do not acknowledge information from patients • Sub-categories: Ignoring patients; Dismissing patients; Token listening • Keywords: "I said", "I told", "ignored", "disregarded", "battled to be heard", "not acknowledged", "excluded", "uninterested" and "not taken seriously".		
1. Low severity	**2. Medium severity**	**3. High severity**
Staff ignored question	Staff ignored mild patient pain	Staff ignored severe distress
Patient's dietary preferences were dismissed	Patient-provided information dismissed	Critical patient-provided information repeatedly dismissed
Question acknowledged, but not responded to	Patient anxieties acknowledged, but were not addressed	Patient pain acknowledged, but no follow through on pain relief
Communication: Absent or incorrect communication from healthcare staff to patients • Sub-categories: Delayed communication; Incorrect communication; Absent communication. • Keywords: "no-one said", "I was not informed", "he/she said 'X'", "they told me", "no-one explained", "contradictory", "unanswered questions", "confused", "incorrect".		
1. Low severity	**2. Medium severity**	**3. High severity**
Short delay communicating test results	Long delay communicating test results	Urgent test results delayed
Patient received incorrect directions	Patient received conflicting diagnoses	Patient given wrong test results
Staff did not communicate a ward change	Staff did not communicate care plan	Dementia patient discharged without the family being informed
Respect and patient rights: Disrespect or violations of patient rights by staff • Sub-categories: Disrespect; Confidentiality; Rights; Consent; Privacy. • Keywords: "rude", "attitude", "humiliated", "disrespectful", "scared to ask", "embarrassed", "inappropriate", "no consent", "abused", "assaulted", "privacy".		
1. Low severity	**2. Medium severity**	**3. High severity**
Staff spoke in condescending manner	Rude behaviour	Humiliation in relation to incontinence
Private information divulged to the receptionist	Private information divulged to family members	Private information shared with members of the public
Staff member lost temper	Patient intimidated by staff member	Patient discriminated against
Unclear information for consent	Consent was obtained just prior to a procedure, giving no discussion time	Do-not-resuscitate decision without obtaining consent
Lack of privacy during discussion	Lack of privacy during examination	Patient experienced miscarriage without privacy

Section B: Specifying the stages of care complained about

The second stage in coding a healthcare complaint is the specification of the stages of care to which a patient's poor healthcare experience refers. **Only code stages when a problem category is identified within that stage of care**. Healthcare complaints can focus on a single event within one stage of care (eg, an operation), or to multiple events that occur across an entire institution. Within HCAT, five generic stages of care are identified (and a sixth "other" category). These stages have been drawn from research on patient "journeys" through healthcare systems [42, 43]. The stages of care are listed in table 4.

Table 4. Stages of care

1. Admissions:	This refers to when a patient arrives at healthcare unit, and is admitted to a unit or ward. For example, when initially receiving treatment at an accident and emergency unit, being referred to a clinician, or first arriving to receive care.
2. Examination and diagnosis:	This refers to when a patient is examined and diagnosed by clinical staff. For example, when being examined by an acute care ward, receiving a pre-operative diagnosis, or being assessed by a radiology team.
3. Care on the ward:	This refers to when patients are receiving clinical or nursing routine care (eg, food, water, washing, medication, wound dressing), being assessed and monitored by healthcare staff, and post-operative recovery.
4. Operation / procedures:	This refers to the operations and medical procedures performed on patients by healthcare staff. For example, when patients undergo surgery, give birth, receive emergency care, or undergo a routine procedure (eg, insertion of a tracheotomy).
5. Discharge / transfers:	This refers to patients being discharged from the healthcare unit. For example, when patients are discharged from hospital after a surgical procedure, or are transferred from an intensive care unit to a high dependency unit.
6. Unspecified or other	Where it is not possible to determine the stage of care, or it does not fit into the above categories

For the letter of healthcare complaint, indicate in SECTION B of the HCAT form (at the end of this document) which stages of care the problems identified in Section A referred to. All stages of care can be selected if the complaint refers to them all. In the case that it is not possible to determine the stage of care, please indicate "other".

Section C: Level of harm reported in the complaint

The third stage in coding a healthcare complaint is to specify the level of harm experienced and reported in the letter of complaint. Harm is rated on the National Reporting and Learning System [44] used in the UK to classify harm reported in critical incidents outlined in table 5.

Indicate in SECTION C of the HCAT form the level of harm experienced by patients. Assessments of harm should focus on the overall harm **caused to patients by the problems raised in the letter of complaint**. For example, if the patient dies, but the complaint is about dignity after death, then the harm relates only to the consequences of the lack of dignity.

It is important to note that harm is independent from problem severity. For example, a patient describing a severe safety problem (eg, a medication error) may not have experienced harm due to the error being identified.

Table 5. Patient harm

0. N/A	No information on harm is reported
1. Minimal harm	Minimal intervention or treatment required (eg, from a bruise or graze)
2. Minor harm	Minor intervention required to ameliorate harm (eg, from a sprain, anxiety)
3. Moderate harm	Significant intervention required to ameliorate harm (eg, from a grade 2-3 pressure ulcer, healthcare acquired infection)
4. Major harm	Patent experienced, or faces, long-term incapacity (eg, from a dislocation, fracture, haemolytic transfusion, wrong medication side effect, post-traumatic stress)
5. Catastrophic harm	Death or multiple/permanent injuries (eg, wrong-site surgery, paralysis, permanent or chronic mental health problems)

Section D: Descriptive details

The final stage in coding a healthcare complaint is to specify basic descriptive details in relation to the complaint. These are defined in table 6. Record these details in SECTION D of the HCAT form.

Table 6. Hospital complaint details

1. Who made the complaint?	Indicate whether the complaint was made by a patient, family member, lawyer, or other third-party
2. What is the gender of the patient?	Indicate whether the patient complaining (or being complained on the behalf of) is male or female
3. Which staff groups does the complaint refer to?	Report whether staffing group or groups complained about are Administrative, Healthcare assistants, Medical Staff, Nursing Staff, Pharmacists, Physiotherapists, or unspecified/other

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HEALTHCARE COMPLAINTS ANALYSIS TOOL (HCAT) CODING FORM

Instructions	A. Use the manual to identify severity ratings for each problem category (from 0, not evident, to 3, high severity) B. Please indicate the stage(s) of care to which the letter refers C. Categorise the level of harm experienced by patients D. Please provide descriptive information on the complaint			**Reference number**
(A) Domain	**Category**	**Severity (0-3)**	**(B) Stages of Care**	**Tick relevant stages**
CLINICAL PROBLEMS Issues relating to quality and safety of clinical and nursing care provided by healthcare staff (ie, doctors, nurses, radiologists, and allied health professionals)	**Quality:** *Clinical standards of healthcare staff behaviour*		1. Admissions	
	Safety: *Errors, incidents, and staff competencies*		2. Examination & diagnosis	
MANAGEMENT PROBLEMS Issues relating to the environment and organisation within which healthcare is provided (for which administrative, technical, facilities and management staff are usually responsible)	**Environment:** *Problems in the facilities, services, clinical equipment, and staffing levels*		3. Care on the ward	
	Institutional Processes: *Problems in bureaucracy, waiting times, and accessing care*		4. Operation & procedures	
RELATIONSHIP PROBLEMS Issues relating to the behaviour of any specific member of staff towards the patient or their family/friends	**Listening:** *Healthcare staff disregard or do not acknowledge information from patients*		5. Discharge & transfers	
	Communication: *Absent or incorrect communication from healthcare staff to patients*		6. Unspecified or other	
	Respect and patient rights: *Disrespect or violations of patient rights by staff*			
	Unspecified/other			
(C) Please indicate the level of harm reported by the patient (1) negligible to (5) catastrophic (use 0 for N/A or unspecified) =	**(D) Please provide further details of:** **1. Who made the complaint?** ☐ Family member ☐ Patient ☐ Unspecified/other **2. Gender of patient?** ☐ Female ☐ Male ☐ Unspecified/other **3. Which staff group(s) does the complaint refer to?** ☐ Admin ☐ Medical ☐ Nursing ☐ Unspecified/other			

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