



## **Compliments, Complaints, Claims and Comments:** An alternative model to audit patient satisfaction

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# **HCAHPS**

### Introduction / Background

In the United States of America, there exists a formal program to measure patient satisfaction. This is a relatively well resourced program, the results of which are actually being used in the allocation of funding. Key words in this system are being consumer and provider: Emergency departments are keen to process as many satisfied customers as possible, which in many hospitals in turn generates more profits.

In Irish emergency departments there is not a system where 'the money follows the patient' and departments are not competing for customers. That said, patient satisfaction does matter and there does exist a variety of mechanisms, some of which national, which track elements that also reflect patient satisfaction (PS)

The objective of this study is to create a model to audit patient satisfaction that meets the following objectives:

- 1. Easy to interpret (HCHAPS scores have been criticized as being difficult to interpret).
- 2. Use currently available datasets with minimal to no extra resources.
- 3. Can be used in any hospital in Ireland
- 4. Suggest modifications to the initial model that may enhance audit quality with minimal resource investment





#### Methods



We generated a score from 0 to 100 where a score of 50 is "good"

For a 1 year period (2014) we obtained the standardized report hospitals currently submit to HSE regarding patient complaints, in which complaints are broken down into 16 categories of which 11 are especially relevant to our hospital. We pulled copies of all the patient compliments which are also submitted to the HSE as tallies and re-classified them into same 11 categories.

We did the same for <u>patient claims</u>, which are reported to the state claims agency, but for a five year period (2009 – 2014), and classifying them into the same HSE categories

We we subtracted complaints and claims from the compliments to obtain a

Our hospital (and many others) leave patient comment cards to solicit patient satisfaction information and compile these into quarterly reports. We re-classified these responses into the same 11 HSE categories. We then generated a "comment score" by using the following point system:

Fair=1 Good=2 Very Good=3

We divided points by the total possible points (total number of responses x 4 maximal points) to obtain a comment score where 50 was "good"

We added the 3C score to the comment score to achieve a total 4C Patient

#### Results

Our hospital's 4C - Patient Satisfaction (4C-PS) score for 2014 was 53

Compliments and complaints were (surprisingly) equal in number. Their subject matters were also in similar categories, however compliments weighted more heavily in the area of safe and effective care and complaints weighed more heavily in communication.

Claims were of a far more clinical nature (75%) and tipped the 3C score into the negative values (-4)

By contrast, comment cards were more positive than negative, generating a score of 58.

In terms of clinical circumstances, very clear patterns emerged.

Compliments were predominantly illnesses (86%) and where injuries, they tended to be larger injuries (i.e. hip fractures).

Complaints were more weighted towards injuries than compliments, and where illnesses were more likely to be surgical (65%) than medical illnesses.

Claims were predominantly injuries (80%) rather than illnesses and rarely (in only one instance) was a claim preceded by a complaint.

|                  |       | ED related Feedback by HSE complaint typing |                           |                                     |                                     |                  |            |                        |                      |          |                           |                             |  |  |
|------------------|-------|---|---------------------------|-------------------------------------|-------------------------------------|------------------|------------|------------------------|----------------------|----------|---------------------------|-----------------------------|--|--|
|                  | Total | 1. Access                                   | 2. Dignity<br>and Respect | 3. Safe<br>and<br>Effective<br>Care | 4. Communication<br>and Information | 5. Participation | 6. Privacy | 7. Improving<br>Health | 8.<br>Accountability | 9. Other | 10. Clinical<br>Judgement | 11. Vexatious<br>Complaints |  |  |
| Compliments      | 7     | 21%   | 37%                       | 37%                                 | 5%                                  |                  |            |                        |                      |          |                           |                             |  |  |
| Complaints       | -7    | -29%  | -29%                      | -14%                                | -29%                                |                  |            |                        |                      |          |                           |                             |  |  |
| Claims           | -4    |   |                           |                                     | -25%                                |                  |            |                        |                      |          | -75%                      |                             |  |  |
| balance          | -4    | -8%   | 8%                        | 23%                                 | -48%                                |                  |            |                        |                      |          | -75%                      |                             |  |  |
|                  |       |   |                           |                                     |                                     |                  |            |                        |                      |          |                           |                             |  |  |
| 3C score         | -5    | -8  | 8                         | 23                                  | -43                                 |                  |            |                        |                      |          | -20                       |                             |  |  |
| Comment<br>Score | 58    | 49  | 68                        | 61                                  | 65                                  |                  |            |                        |                      | 57       |                           |                             |  |  |
| Total Score      | 53    | 41  | 76                        | 84                                  | 22                                  |                  |            |                        |                      | 57       | -20                       |                             |  |  |

|             | ED re  | lated F | eedba  | ack - Clinical Patterns   |
|-------------|--|---------|--------|---|
|             | ED compared<br>to all<br>departments<br>(ED is 37%<br>hospital visits) | illness | injury | comment   |
| Compliments | 54%  | 86%     | 14%    | where injuries, more likely to be large<br>(ie hip)   |
| Complaints  | 33%  | 60%     | 40%    | where illness 65% were surgical,<br>injuries largely related to wait times and<br>manner,<br>complaints bear minimal relation to claims |
| Claims      | 63%  | 20%     | 80%    | 10 year impact, 29,000 euro avg   |

### Discussion

- 1. While letters of complaint are carefully recorded and categorized for the HSE, compliment letters are under reported and not currently categorized.
- 2. Comment cards are not uniform between hospitals and do not cover all of the same categories as the HSE complaints process, so may warrant
- 3. Patients also provide a significant body of unsolicited feedback on internet boards and social media. We are examining how this information might also be collected and collated in a standard way.



## Conclusions

- There is significant variability between the existing sources of data that are currently used for audit but also pertain to patient satisfaction.
- 2. It is possible to combine existing datasets to more comprehensively audit patient satisfaction.
- 3. Without requiring the production of additional data collection mechanisms, this can act as a useful barometer to understand competing pressures in the field of patient satisfaction

