Summer Training at
Fortis Flt.Lt.Rajan Dhall Hospital,
New Delhi

Risk Stratification of Patient's Complaints

By
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Under the guidance of
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MBA Hospital and Health Management
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2016

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Neelam Meena** student of MBA Hospital and Health Management(MBA-HM) from The IIHMR University, Jaipur has undergone summer training at **–The Fortis Hospial, Vasant Kunj, New-Delhi from 1st April 2016** to **31st May 2016.**

The candidate has successfully carried out the study designated to her during summer training and her approach to the study has been sincere, scientific and analytical.

The summer training is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

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31-May -2016

To Whomsoever It May Concern

This is to certify that **Dr. Neelam Meena,** a student of IIHMR University has completed her internship in Medical Administration Department.

Duration: **1st April 2016 to 31st May 2016.**

During this period her work was excellent and we wish her all the best for future endeavors.

For **Fortis Flt. Rajan Dhall Hospital, New Delhi.**

FORTIS FLT. LT. RAJAN DHALL HOSPITAL NEW DELHI

Rajesh Choudhary

Head- Human Resources

SELF DECLARATION

I do hereby declare that I am a student of 1st year, MBA in Hospital and Healthcare Management, IIHMR University, Jaipur, Rajasthan session 2015-2017.

I would like to state that I have carried out my internship on the topic-"Risk Stratification of Patient's Complaints" under the guidance of Dr. Shalini Bhalla in Department of Quality at Fortis Flt.Lt.Rajan Dahll Hospital, vasant kunj, New Delhi for the partial fulfilment for the degree of MBA in Hospital and Healthcare Administration.

This project work is my own and has not been submitted to any of the other Institute or University for the purpose of award of any degree or diploma.

31/05/16.

Dr. Shalini Bhalla
Medical Superintendent
Fortis Flt. Lt. Rajan Dhall Hospital
Date:

Dr. Neelam Meena
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ACKNOWLEDGEMENT

A summer project is opportunity for learning .I consider myself fortunate for having been provided an opportunity training at Fortis Flt.Lt.Rajan Dhall Hospital,Vasant kunj,New Delhi.

I wish to express my deep gratitude and regard to Dr.Shalini Bhalla (Medical Superintendent) for generously sharing her knowledge and experience with me. I would also like to thank Dr.Monica Manon, Dr.Prasun Banerjee and the whole Quality Department who guided me throughout the project.

I owe a deep sense of gratitude to thank Mr.Brijesh Kumar Bhardwaj (Head-Patient Welfare Department), Mrs.Deepika Samuel and Mrs.Moumita Ray Chaudhury (patient welfare officer) for their constant guidance and motivation.

I am highly indebted to Hospital Staff for their constant support and cooperation wholeheartedly during the entire period of study.

Dr.Neelam Meena

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ABBREVIATIONS:-

PWD – Patient Welfare Department

NSW Health- New South Wales health, Australia

CRC- Complaint Risk Code

PSCQP- Patient safety & clinical quality program

AHSCG-Area health service clinical governance unit

RIB- Reportable incident brief

RCA- Root cause analysis

FD- Facility director

MS- Medical superintendent

FOSS- Fortis operating system

BACKGROUND

In 1998, NSW Health released the Complaints Handling Frontline - Better Practice Guidelines to provide a consistent and continuous improvement approach to frontline complaints handling in the NSW public health system, specifically in health care facilities providing direct services to consumers.

In 2004, the Patient Safety & Clinical Quality Program PD2005_608 (PSCQP) was launched by the Minister for Health. Key components of the PSCQP were the establishment of the Area Health Service Clinical Governance Units, the Clinical Excellence Commission, and the management of all incidents and complaints.

Since May 2005, complaints have been captured for state-wide analysis in the Incident Information Management System (IIMS) that replaced the 1999 State-wide Complaint Data Collection (NSW.2006, Complaint management guidelines, NSW department of health, Australia)

Title:	Risk stratification of patient's complaints

1.Introduction

This matrix provides a suggested guidelines framework for dealing with a complaint in accordance with the Complaint Management process. The Guidelines may prove helpful when considering how to progress matters as mandated by the hospital policy. Staff may use this complaint management process when complaining on behalf of the patient/consumer. When a complaint is made however, managers must consider whether action is also required in accordance with the complaint management risk assessment matrix.

The focus of these guidelines is on a consumer-focused approach to complaints. If staff at the point-of-service have the authorisation to resolve complaints at first contact, escalation can be avoided and complaints can be resolved directly and quickly to the satisfaction of all parties.

These guidelines provide interpersonal strategies for dealing with consumers at the first point of contact, assessing the severity of complaints, investigating complaints, and resolving complaints.

The Guidelines aim to ensure that identified risks arising from complaints are managed appropriately, that complainants' issues are addressed satisfactorily, that effective action is taken to improve care for all patients, and that health service staff are supported.

For the purposes of these guidelines "health services" refers to any facility, program or care provided to a patient or their care

A complaint is:

• An expression of dissatisfaction with a service offered or provided, or

• A concern that provides feedback regarding some aspect of the health service that identifies issues requiring a response.

A good way of determining whether an expression of dissatisfaction is a complaint or not is to ask: "What is being sought and what is needed to resolve this matter?" If some action or response is identified, then you are dealing with a complaint.

A complaint may be about policies, procedures, employee conduct, provision of information, and quality of communication or treatment, quality of a service, or access to and promptness of a service.

Complaints do not include requests for services or information, explanations of policies and procedures, or industrial matters between the health service and unions.

Complaints may be made in person, by telephone, letter, survey, and in some cases through the media.

Patient welfare department (PWD)

The patient welfare department liaise between the patients and hospital departments. The patient welfare officers visit the patient on a daily basis to inform patient about their rights and responsibilities, resolve their problems, and discuss the patient survey program and medical advance directives.

Quality improvement – Complaints management is an integral part of the quality improvement approach that has been adopted by the health service.

Quality improvement in health care is a systematic process by which the quality of patient care is continually evaluated and improved. An effective complaints management system makes a vital contribution to this process. The link between complaints and quality improvement is a form of risk management – quality and risk are intrinsically related. Lessons learnt from complaints are used to identify any changes needed and to avoid the same problems occurring again.

A quality improvement approach focuses on system improvements rather than individual blame. In practice, there may be implications for a particular staff member or group of staff – a complaint or incident may highlight the need for staff to receive extra support, more supervision or further training in an aspect of their work. For example, an increase in infection outbreaks on a particular ward may be addressed by a variety of measures, including clearer protocols for staff in relation to hand washing and training for staff in infection control. Collection of good data is essential for quality improvement to work. Complaints, feedback from consumers, staff observations and adverse events all provide useful information. All staff should be supported to participate in this – including medical

(Both employees and visiting doctors), nursing, allied health, cleaning, catering and administrative staff. Quality improvement is a continuous and dynamic process. Allhealth service providers need quality assurance committees who meet on a regular basis to monitor patient care and implement improvements

Objective:

1) To prepare a prioritizing model for patients complains in Patient Welfare Department (PWD) in a tertiary care hospital.
2) To implement the prepared model.
3) To compare the present handling of the complaints with the complaints analysed by the tool.

Purpose:

A systems approach to complaints that encourages early intervention is an effective strategy for risk minimisation. . This is an approach that emphasises prevention in the interests of good quality health service provision. Complaint Management Risk Assessment Matrix was developed to enable health care providers to implement effective and consistent risk minimisation strategies. It is the method for prioritising complaints and determining the level of action required in response to an incident or complaint. It uses a rating system numbered 1 to 4, with 1 being the most serious. The rating determines who needs to be informed about the incident or complaint and who is responsible for taking action. Rating the severity of a complaint helps determine the course of action to be taken. The following Complaint Management Risk Assessment Matrix is offered to assist in this process by using a Complaint Risk Code (CRC).

To arrive at the CRC, you first apply the consequence category and the likelihood category.

The CRC correlates with a set of actions that guide you to the level of response appropriate to the complaint. It also provides you with a clear course of action and may be used to generate awareness alarms to relevant staff in the complaint management process.

The early identification of the individual complaints of a serious nature or with a potential for escalation are part of a health service's risk management program. Assessing the risk profile of a complaint at this stage seeks to highlight complaints associated with significant safety, political, legal or financial risks to the health service or its consumers that require the attention of the health service's senior management. Health services must ensure there are

appropriate review processes in place for complaints with significant risks, including the review and sign-off by senior management.

Rating the severity of the complaint will assist in determining:

- Who needs to be notified of the complaint?
- The priority for the health service's response and the mode of response.
- Who will need to be involved in the investigation and response?

Scope:	Patients and staff of different departments

Methodology

Study area- Tertiary healthcare Hospital

Study Design- interventional, retrospective, descriptive and observational

Sample Design- Sample of all complains received by the PWD from 16th may 2016 to 22nd may 2016 were observed and applied in the model.

Study Time- Study was done over a period of 14 days with an approval of model on 23th may 2016

Study Tool- Complaint Management Risk Assessment Matrix

Inclusion Criteria:-

It includes complaints related to Injury, length of stay, level of care required, actual or estimated resource costs, impact on quality health care service delivery in general. Adverse events and potential events or "near misses", significant issues of standards or denials of rights, complaints with clear quality assurance or risk management implications issues causing lasting detriment that require investigation.

Exclusion Criteria:-

All the medical complaints were not handled under the PWD department.

Methods of Measurement

The complaint management process

The four major stages in the process are:

1**. Receive** the complaint

2**. Assess** the complaint

3. **Investigate** the complaint

4. **Resolve** the complaint.

Stage 1: Receive the complaint

- The key actions for staff when receiving a complaint are to:
    - actively listen to the complainant;
    - empathise, understand and acknowledge their viewpoint;
    - express regret that they have had a poor experience, and
    - assure them steps will be taken to investigate and resolve their concerns

Stage 2: Assess the complaint

The purpose of the assessment process is to:-

- classify the complaint appropriately to determine appropriate action
- ensure the process is commensurate to the seriousness of the complaint and the issues raised
- Ensure fairness to any clinicians/staff concerned.

There are several steps a health service must take in assessing a complaint such as:-

- Identify the issues raised
- Identify the parties involved
- If necessary obtain patient authorities
- Rate the severity of the complaint.

✓ Rating the severity of a complaint helps determine the course of action to be taken.

✓ The following Complaint Management Risk Assessment Matrix is offered to assist in this process by using a Complaint Risk Code (CRC).

- ✓ To arrive at the CRC, you first apply the **consequence category and the likelihood category.**
- ✓ The CRC correlates with a set of actions that guide you to the level of response appropriate to the complaint. It also provides you with a clear course of action and may be used to generate awareness alarms to relevant staff in the complaint management process.

Instructions for use:-

1. Define risk(s) associated with the complaint in terms of consequence category table 1 and assign the complaints in that category.
2. Use table 2 to determine likelihood category for those complaints collected by the patient welfare department.
3. Rating the severity of a complaint using Complaint Risk Assessment Matrix from table 3.
4. Determine the course of action by using complaint risk code(crc) after applying the consequence category and likelihood category(use table 4).
5. The CRC correlates with a set of actions that guide you to the level of response appropriate to the complaint. It also provides you with a clear course of action and may be used to generate awareness alarms to relevant staff in the complaint management process.(Ref. policy and procedure for managing complaints, comments, concerns and compliments, complaints_policy_2014-16_final-version)

Consequence Category

It's the impact of the complaint in terms of:-

- injury,
- length of stay,
- level of care required,
- actual or estimated resource costs
- Impact on quality health care services delivery in general.

Categories are as follows:-

TABLE 1

Category	Descriptions
Serious	Issues regarding serious adverse events, sentinel events, long-term damage, grossly substandard care, professional misconduct or death that require investigation.
Major	Significant issues of standards, quality of care, or denial of rights. Complaints with clear quality assurance or risk management implications or issues causing lasting detriment that require investigation.
Moderate	Issues that may require investigation. Potential to impact on service provision/delivery. Legitimate consumer concern, especially about communication or practice management, but not causing lasting detriment.
Minor	No impact on or risk to the provision of health care or the organisation. Complaint could be easily resolved at the frontline.
Minimum	Trivial, vexatious, misconceived.

- For adverse events, severity is assigned on the actual condition of the complainant. If the event is a near miss, severity is assigned on the most likely scenario.

Likelihood Category

- The likelihood or probability category is based on the knowledge or experience of the staff member doing the assessment. The Complaints Manager or a more senior staff member, who has more detailed knowledge of other similar incidents, may revise this

The following table lists the likelihood categories:-

TABLE 2

Category	Description
Frequent	Recurring, done, found or experienced often.
Probable	Will probably occur in most circumstances several times a year
Occasional	Happening from time to time, not constant, irregular
Uncommon	Rare, unusual but may have happened before.
Remote	Usually a "one off", slight/vague connection to healthcare service provision.

Complaint Management Risk Assessment Matrix

TABLE 3

Severity of Patient's Complaint	**Probability of Recurrence**				
	Frequent	Probable	Occasional	Uncommon	Remote
Serious	1	1	1	1	2
Major	1	1	2	2	3
Moderate	2	2	2	2	3
Minor	3	3	3	3	4
Minimum	3	3	4	4	4

Complaint Risk Code (CRC)

The consequence category and the likelihood category enable you to determine the CRC. There are four CRCs numbered 1 to 4.

CRC Action required

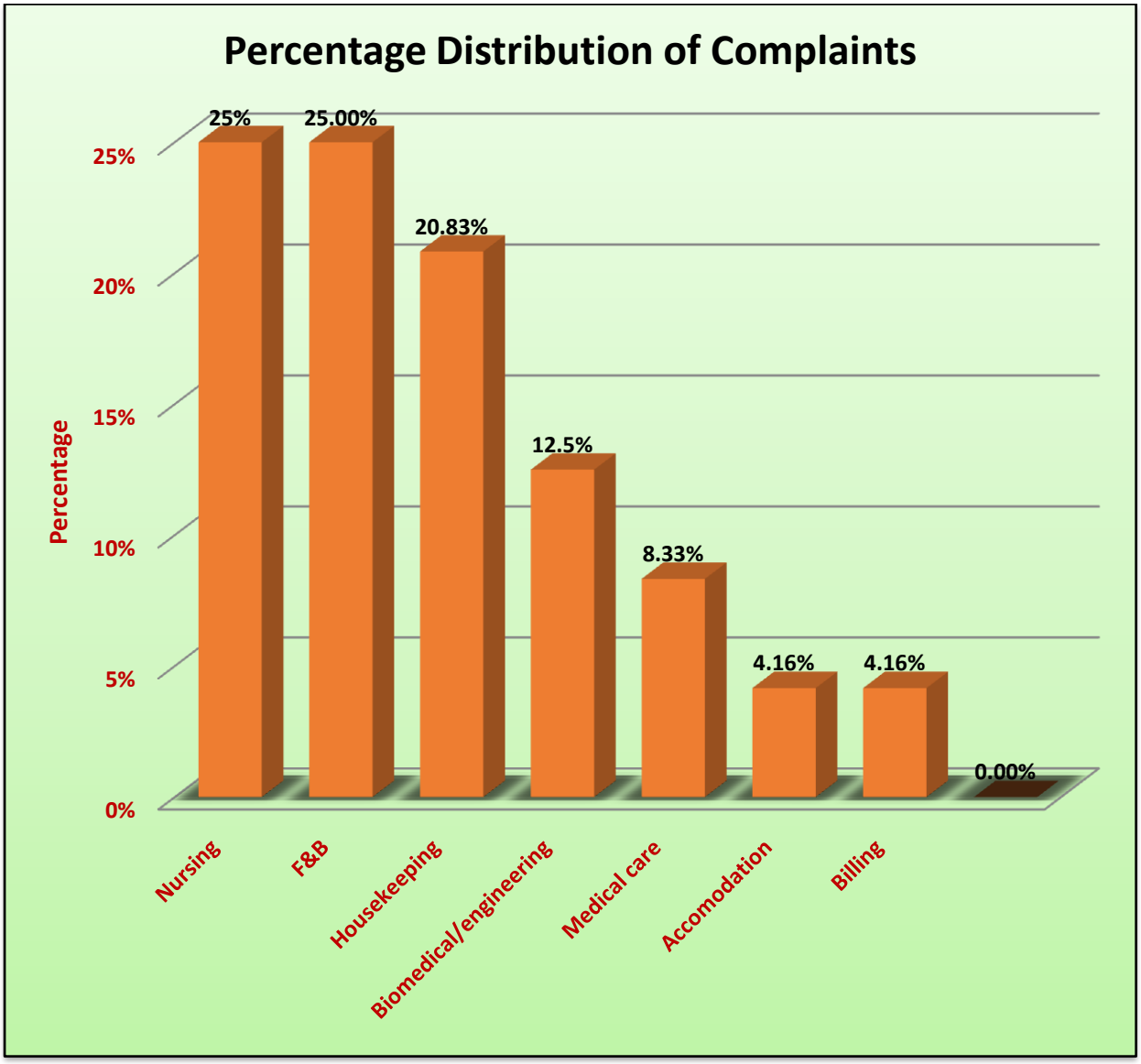
The following table shows the recommended action required for each CRC:-

TABLE 4

CRC	Action required
1	**Immediate action** Equivalent to **CRC 1** Incident where the capacity to generate an electronic notification to the manager of the relevant department, executive management, and the quality team. Typically the Facility director, Medical Superintendant and the Senior Complaints Officer would be notified. Root Cause Analysis (RCA) investigation commenced. A Reportable Incident Brief (RIB) is completed and forwarded to the department.
2	**The complaint is referred to line management/complaints manager** Equivalent to a **CRC 2,** where a notification may be generated to the manager of the relevant department and the quality team. The Facility director and the Medical Superintendent are notified if there are clinical issues involved and/or a Root Cause Analysis (RCA) investigation is to be undertaken at the discretion of management.
3	**Where appropriate, the complaint is resolved at the local level** For **a CRC 3**,a notification may be provided to the manager of the relevant department and/or the Complaints Manager.
4	**Generally resolved at the local level** For **a CRC 4**, Difficult-to-manage complaints can be referred to Complaints Manager. The complaint is managed by routine procedure and is reported.

Assessment of seriousness of complaints:-

Correct assessment of complaint will ensure that the right course of action can be taken. Each complaint will be reviewed by the PWD team according to the assessment matrix which can be found in table-4.The complaint will also be reviewed following the outcome of the investigation and re-graded if appropriate.



The graph shows the percentage distribution of complaints in different departments as per the analysis.

ANALYSIS:-

CRC -1	IPID/UHID	Date	Complaints	Action taken	Action required
i)Serious - frequent					
ii)Serious - probable					
iii)Serious-occasional	93536	18/5/2015	1) Attendant complained about delay in nursing services and also they don't have information about the patient's reports. The nurse was not able to put cannula on patient.	1)Informed nursing head and supervisor about the feedback	Medical Superintendant/chief of nursing and the Senior Complaints Officer would be notified. Root Cause Analysis (RCA) investigation commenced. A Reportable Incident Brief (RIB) is completed and forwarded to the department.
iv)Serious-uncommon		18/5/2016	1)During extreme headache no doctor came for check-up even after 7-8hrs	Complaint taken from the feedback form will be handled at the end of month and related department will be informed.	
v)Major-frequent					
vi)Major-probable					

CRC-2	IPID/UHID	Date	Complaints	Action taken	Action required
i)Serious-remote					
ii)Major-occasional	93451 93492	17/5/2016 18/5/2016 20/5/2016	1) Bed in ICU was faulty. Toilets of ICU waiting area were not clean. 2)cost is too high for normal delivery 3)nurses were not able to detect the tooth implants	complaint was taken from the feedback form so will be handled at the end of month and related department will be informed(applied for complaint1,2,3)	The Facility director and the Medical Superintendent/chief of nursing are notified if there are clinical issues involved and/or a Root Cause Analysis (RCA) investigation is to be undertaken at the discretion of management.
iii)Major-uncommon	93580 93394	20/5/2016 17/5/2016	1)Attendant complained that even after ringing bell many times the nurse didn't come during the night hours ,when the baby passed stool on bed 2)Nurse wrongly noted the antibiotic	1) Informed nursing supervisor about the feedback. complaint was taken from the feedback form so will be handled at the end of month and related department will be informed(for complaint 2)	
iv)Moderate-frequent	93536	18/5/2016	1)Cleaning not done properly 2)Delay in	1)Informed housekeeping supervisor about the	

	93580 93416 93492 93570	19/5/2016 20/5/2016 20/5/2016 16/5/2016 20/5/2016 21/5//2016	F&B services 3)Delay in tea and dinner services 4)Attendant asked GDA for bed sheet ,the GDA came and Kept bed sheet on bed and went out. Also the way of talking of GDA was rude. 5) Bed sheet and floor was dirty. Dustbin was also not cleaned on time 6) Food cost very high. Housekeeping services was not good. 7)Taste and delay in food services 8) Delay in food delivery. Also no towel in the washroom.	feedback 2) Informed F&B supervisor about the feedback. 3)Informed F&B supervisor about the feedback 4)Informed HK supervisor about the feedback 5)Informed HK supervisor about the feedback complaint was taken from the feedback form so will be handled at the end of month and related department will be informed (for complaint 6,7,8)	
v)Moderate -probable	93395	17/5/2016	1) Attendant	complaint was taken from the	

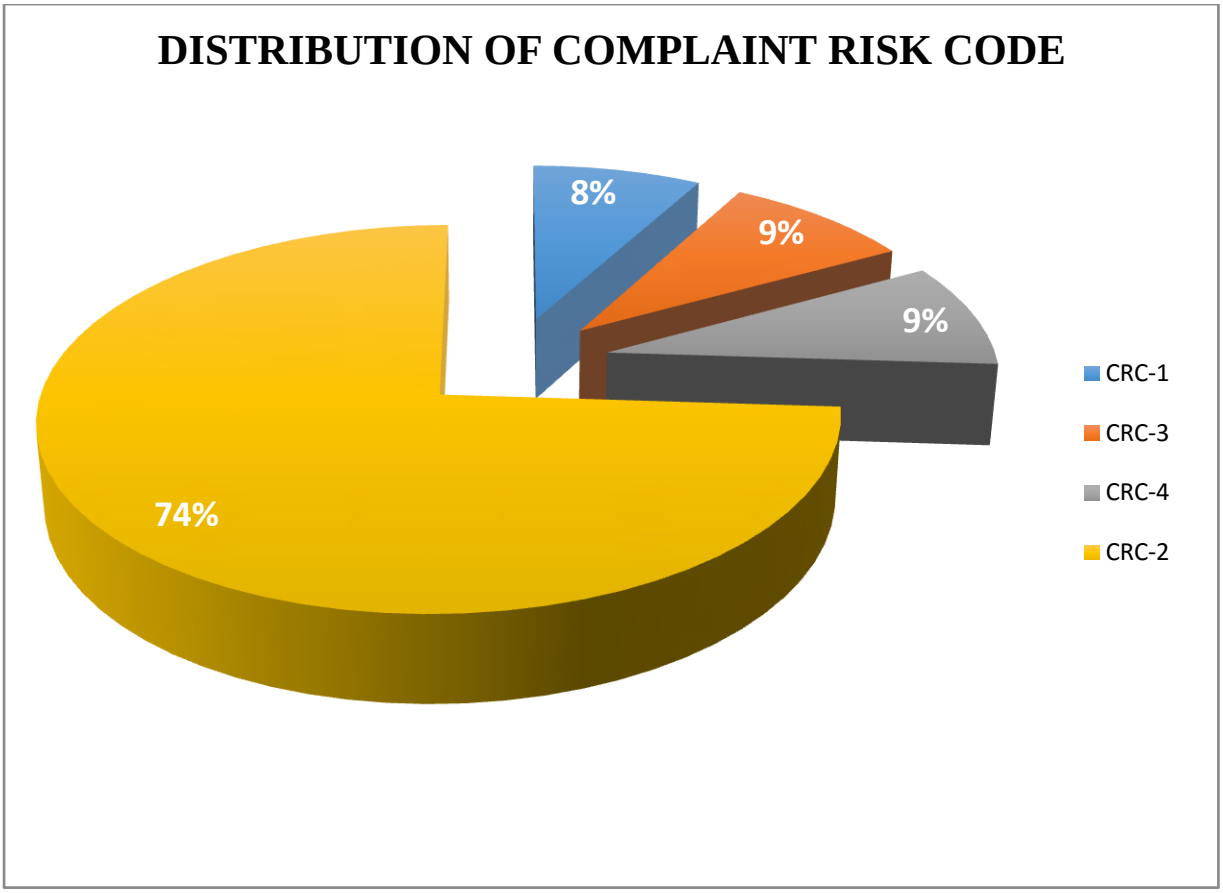
	93580	22/5/2016	complained about billing counters to avoid long waiting hours as the patient was suffering from fever. 2)nurse didn't came even after repeated bell rings	feedback form so will be handled at the end of month and related department will be informed (applied for complaint1,2)	
vi)Moderate-occasional	93445 93492	16/5/2016 20/5/2016	1)Rooms are unnecessarily expensive 2)food for patient very spicy even after repeated complaining	complaint was taken from the feedback form so will be handled at the end of month and related department will be informed (applied for complaint1,2)	
vi)Moderate-uncommon					

CRC-3	IPID/UHID	Date	Complaints	Action taken	Action required
i)Major-remote					
ii)Moderate-remote					
iii)Minor-frequent	93417 93416	16/5/2016 16//5/2016	1)Entrance door has lock problem 2)AC was not working	complaint was taken from the feedback form so will be handled at the end of month and related department will be informed (applied for complaint1,2)	The complaint is resolved at the local level a notification may be provided to the manager of the relevant department and/or the Complaints Manager.
iv)Minor-probable					
v)Minor-occasional					
vi)Minor-uncommon					
vii)Minimum-frequent					
viii)Minimum-probable					

CRC-4	IPID/UHID	Date	Complaints	Action taken	Action required
i)Minor-remote					
ii)Minimum-occasional					
iii)Minimum-uncommon					
iv)Minimum-remote	93320 93611	18/5/2016 21/5/2016	1)No natural light in the room 2)no one picks up the phone on the main landline number	complaint was taken from the feedback form so will be handled at the end of month and related department will be informed (applied for complaint1,2)	Difficult-to-manage complaints can be referred to Complaints Manager. The complaint is managed by routine procedure and is reported.

TABLE 5

CRC-1	Immediate action
CRC-2	The complaint is referred to line management/complaints manager
CRC-3	Where appropriate, the complaint is resolved at the local level
CRC-4	Generally resolved at the local level



Conclusion:-

Complaint code	Types of complaints	Action taken by the organisation	Action required as per Complaint risk assessment model	Criteria
8%CRC-1	Serious adverse events, sentinel events, grossly substandard care, professional misconduct or death that requires investigation.	1) Informed about the complaint to the relevant department by the PWD team and see how many departments have reverted back to the complaint. 2) A complaint analysis by the PWD is sent to the Relevant department. 3) FOSS meeting is conducted where FD, MS and all the stakeholders are	1) Action taken as per complaint risk assessment model.	1)Criteria met 2)criteria met 3)criteria met

		informed about the complaint and the relevant departments who have not reverted back. 4) Later a follow up is taken by the PWD to the department who has not reverted back. 5) RCA sent by the relevant department.		4)criteria met 5)Criteria met
	Significant issues of standards, quality of care, or denial of rights. Complaints with clear quality assurance or risk management implications or issues causing lasting detriment that require investigation.	1)At the end of the month complaints are sent to the relevant department by the senior complaint officer(PWD) 2) Power point presentation made and sent to the corporate office/Fortis head office. 3) Review of complaints also presented by complaint manager to all the stakeholders.	1)Criteria met as per the complaint assessment model 2) RCA investigation is to be undertaken at the discretion of management.	1) criteria met 2)criteria met
9%CRC-3	Potential to impact on service provision/delivery, about communication or practice management, but not causing lasting detriment.	1) Complaint solved at local level. 2) No notification is sent.	1)Electronic notification should be provided to the manager of relevant department/or the Complaint manager.	1)criteria not met
9%CRC-4	No impact on or risk to	1) Complaint	1) Difficult to	

	the provision of health care or the organisation. Complaint could be easily resolved at the frontline and the misconceived.	solved at local level. 2) No notification is sent.	manage complaints can be referred to complaints manager. 2) The complaint is managed by routine procedure and should be reported.	 2)criteria Not met

The CRC is related with a set of actions that can guide you to the response which is appropriate to the complaint. It also provides you with a clear course of action and may be used to generate awareness alarms to relevant staff in the complaint management process.

By using this model we can conclude that the complaints can be categorised and can be handled according to the model, action can be taken in a better way.

Limitation:-

- Study was done in a limited time period.
- Official staff training was not provided regarding the CRC model.
- Patient welfare department was not involved in taking direct action against the complaint.
- All the CRC criteria were not fulfilled due to short study time.

Recommendation:-

Staff training and support recommended

An organisation that is committed to better complaint handling will ensure that their staffs are properly trained. The complaint system needs to be promoted to staff. Its effectiveness will be greatly enhanced if there is a commitment from staff throughout the organisation. Staffs needs to know that there is a complaint system, how it works, and why it is important.

Model recommended for use in PWD

This model is recommended for Patient welfare department for better handling and actions required for the complaints that are collected by them through verbal and written feedback given by the patients or their attendants.