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Analysing Complaints about Primary Care with the Healthcare Complaints Analysis Tool (General Practice): a User's Guide

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Introduction

General practice is a vital aspect of the health service, with large numbers of patient contacts every year[1]. While general practice is often seen as inherently less risky than secondary care[2], errors have been found to occur in between 2–3% of consultations[3]. A recent study in Irish out-of-hours general practice found a complaints rate of 0.61 per 1000 consultations[4]. Patient complaints are an under-utilised source of data about quality of care. Typically, complaints are resolved on an individual basis by responding to the person who made the complaint and addressing their concerns.

It is acknowledged that receiving a complaint can be a stressful, negative experience for healthcare providers[5]. It may be beneficial for a healthcare provider who has received a conplaint against them to liase with an indeminfier, who will be in a position to offer help, support, amd reassurance. However, research and policy is shifting towards reframing complaints from a negative experience, to using them as a valuable source of data to support quality improvement efforts. Until recently there has been a lack of valid and reliable systems for examing trends across complaints at a regional and/or national level[6], but there are now valid and reliable tools for analysing complaints about hospital and general practice care.

The Healthcare Complaints Analysis Tool (HCAT) was developed to systematically analyse complaints about secondary care. Information on the HCAT is available online[7]. However, while the HCAT is a suitable tool for analysing hospital complaints, it cannot be directly applied to analysing complaints about general practice.

This guide outlines how to use the Healthcare Complaints Analysis Tool (General Practice) [HCAT(GP)] to analyse general practice complaints. The HCAT(GP) is based upon the original HCAT, but tailored specifically for general practice. Evaluations of HCAT(GP) have found that it is a valid and reliable tool for analysing complaints about general practice.[8]

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[7] Gillespie A, Reader TW. The Healthcare Complaints Analysis Tool: development and reliability testing of a method for service monitoring and organisational learning. BMJ Quality & Safety. 2016;25(12):937-46.
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Overview of the Healthcare Complaints Analysis Tool (General Practice) HCAT(GP)

The HCAT(GP) is a tool for the classification of complaints made about general practice. It consists of 3 domains (Clinical problems, Relationship problems, and Management problems), and 7 categories spread across these domains. A description of each domain and category is provided in the table below. The HCAT(GP) also allows users to code the severity of issues within a complaint, the harm to patients, and the stage of care at which the issues occurred. There are seven steps to applying the HCAT(GP) to complaints.

1. Ensure you understand the complaint.
2. Identify the domain and category of each issue described in the complaint.
3. Determine the severity of the complaint.
4. Identify the stage(s) of care in which the complaint occurred.
5. Determine the level of harm to the patient.
6. Record descriptive information on the complaint.
7. Conduct analysis of groups of complaints.

A blank coding form for analysing a complaint is provided in Appendix 1.

Step 1. Ensure you understand the complaint

Read through the complaint in its entirety, without attempting to code it. Try to develop an understanding of the overall issue(s) or situation described by the patient within the letter. The HCAT(GP) was developed and tested with written complaints. However, it can also be applied to verbal complaints provided the complaint is written down by the recipient as soon as possible, without any interpretation on the part of the recipient. Care should also be taken to ensure patient confidentiality is maintained, and no personal or identifying information is shared without the consent of the patient and appropriate data protection regulations should be obeyed.

Step 2. Identify the domain and category of each issue described in the complaint

The domains and categories are the first aspects of the complaints to be coded with the HCAT(GP). Raters must decide what domains and categories are present in the complaint, from the perspective of the individual making the complaint, before moving on to the other sections of the HCAT(GP). Care must be taken to code the complaint at face value, rather than by interpreting it in the context of clinical knowledge. The HCAT(GP) is not intended to form part of an investigation into the 'truth' of a complaint, but rather to classify what the complainant sees as having gone wrong.

Domains and problem categories

Domains	Categories
Clinical problems Issues relating to quality and safety of clinical and nursing care provided by healthcare staff (i.e. 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

Step 3. Determine the severity of the complaint

There are three levels of severity within the HCAT(GP), ranging from Low (1), through Medium (2), to High (3). The tables below outline the descriptions of severity levels across each of the domains and categories of the HCAT(GP). The highest severity level for each category of issues within a complaint must be coded by the rater. It is important to note that these descriptions are **examples only**, and the rater should use their best judgement along with this guidance to code a complaint.

Domain 1:

Clinical problems: Issues relating to quality and safety of clinical and nursing care provided by healthcare staff.

Quality: Clinical standards of healthcare staff behaviour

- 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
Rough handling patient	Patient not provided with pain relief	Patient not examined sufficiently
Patient not involved in care plan	Aspect of care plan overlooked	Failing to heed warnings in patient notes
GP gave advice not aligning with guidelines	Lack of knowledge on treating illness	GP intoxicated or otherwise incapable of treating illness
GP making false statements about patient	GP deceiving patient about care provided	Patient notes altered by GP
Wound not dressed properly	Seeping wound ignored	Infected wound not tended to

Safety: Errors, incidents, and staff competencies

- 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	GP failed to diagnose a fracture	GP misdiagnosed critical illness
Slight delay in prescribing medication	Failure to prescribe required medication	Incorrect medication prescribed
Minor error filling out patient notes	GP overlooked information (i.e. previous experience of an illness)	GP overlooked critical information (e.g. serious drug allergy)
Minor misunderstanding among GP and colleagues	Test results not shared with colleagues	Failure to coordinate time-critical decision

Domain 2:

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

- 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 reception area	Patient cold in treatment room	Dirty environment, rodents.
Potholes in carpark	Accessible parking not available	Surgery not accessible
Software in surgery not appropriate for best care	Equipment not available to carry out required procedure	Medical equipment not working
GP repeatedly called out of appointment	Cannot access specialist care	Severe staff shortages

Institutional processes: Problems in bureaucracy, waiting times, and accessing care

- 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	Waiting in surgery for hours	Unable to register with GP
Phone calls not returned	Complaint not responded to	Emergency phone call not responded to
Appointment cancelled and rescheduled	Chasing GP for an appointment	Refusal to give an appointment
Short delay in referral	Patient not referred for routine care	Lack of continuity of care between services leading to delay in urgent care
Difficulty accessing medical notes	Repeated difficulty and delay getting important medical information	Important medical information lost

Domain 3:

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

- 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
Patient question ignored	Mild patient pain ignored	Severe distress ignored
Patient suggestions dismissed	Patient-provided information dismissed	Critical patient-provided information repeatedly dismissed
Question acknowledged, but not responded to	Patient anxieties acknowledged, not addressed	Patient pain acknowledged but not addressed

Communication: Absent or incorrect communication from healthcare staff to patients

- 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
Unclear communication of care plan	Care plan not communicated	Patient given incorrect information about care

Respect and patient rights: Disrespect or violations of patient rights by staff

- 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	Staff physically lashed out at patient
Private information divulged to receptionist	Private information divulged to family members	Private information shared with members of the public
Staff member made patient feel uncomfortable	Patient intimidated by staff member	Patient discriminated against
Lack of privacy during discussion	Lack of privacy during consultation	Lack of privacy during physical examination

Step 4. Identify the stage of care in which the complaint occurred

The next phase in the application of the HCAT(GP) is the categorisation of the stage(s) of care at which an issue occurs. This is completed in order to highlight the points across the patient care pathway that require attention for quality improvement. There can be multiple stages of care within complaints, and unique issues within a complaint can also occur at multiple stages. There are a total of 5 stages of care, which can be seen in the table below.

Stages of care		
1	Accessing care	(e.g. trying to make an appointment, en route to the practice, being on waiting lists)
2	While in the practice	(e.g. in the GP practice but not in the consultation with the healthcare providers, in the waiting room)
3	During the consultation	(e.g. while receiving care from GP or practice nurse)
4	Referral/Follow up	(e.g. waiting for a referral, follow up for existing issue)
5	Unspecified or Other	Anything which does not fit into the above stages

Step 5. Determine the level of harm to the patient

Finally, the overall harm reported within a complaint can be coded with the HCAT(GP). Only one harm rating is given for each complaint, with the highest level of harm reported within an entire complaint coded. There are 6 levels of harm, ranging from 0 (no harm) to 5 (catastrophic harm), which are defined below.

Patient harm		
0	N/A	No information on harm is reported, or no harm came to the patient
1	Minimal harm	Minimal intervention or treatment required, upset caused to patient
2	Minor harm	Minor physical or mental harm caused to patient, intervention from GP or other primary care provider required to ameliorate harm
3	Moderate harm	Significant mental or physical harm, secondary care intervention required to ameliorate harm
4	Major harm	Patient experienced or faces long term incapacity, either physical or mental
5	Catastrophic harm	Death or multiple/permanent injuries, or chronic mental health problems.

Step 6. Record descriptive information on the complaint

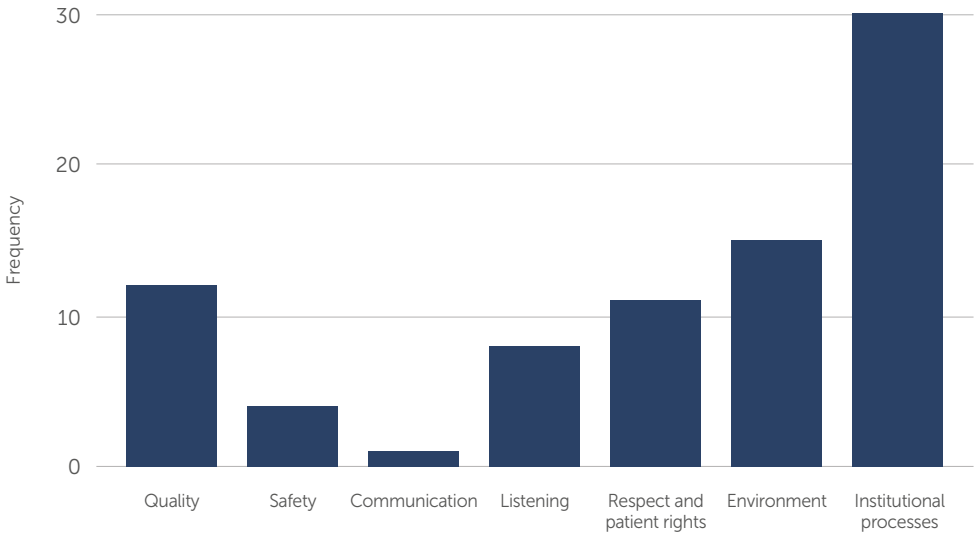
It is important to consistently record the analysis of complaints. This can be done using database software such as Microsoft Excel. Sample headings may include: a unique complaint ID; Date of incident; date complaint received; Gender of patient; age of patient; leve of harm; problem 1 domain; problem 1 category; severity 1; stage of care 1; and staff member(s) involved 1. If there is more than one problem, then continue to add columns for the additional problems with the domain, category, severity, stage of care, and staff member involved. It is not recommended to record any personally identifiable information for the people involved (e.g. names, individual health identifier numbers).

Step 7. Conduct analysis of groups of complaints

Once a sufficient number of complaints have been collected, they can then be analysed in oreder to assess whether there are particular patterns or trends. This is something that could be done at specific times of the year, or when a certain number of complaints have been received. There is no minimum number of complaints required to do this analysis, with the more data the better. However, for descriptive analysis (i.e. collating and summarising the data) a minimum of roughly 8 to 10 complaints is required. However, for inferential statistics (i.e. where statistical tests are carried out), it is necessary to have a minimum of 80–100 complaints in order to produce meaningful analysis. More complaints would be required for more intricate statistical tests such as identifying areas in care where catastrophic harm occurs frequently, and as with any statistical sample, the required size should reflect the population under exploration.

Descriptive statistics:
Examples of the type of descriptive statistics that may be interesting are: number and percentage of different types of complainants (e.g. patients, family members, other advocates); average age of complainants; number and percentage of complaints that mention major or catastrophic (level 4 or 5) harm; average number of issues per complaint; number and percentage of complaints issues that fall within each of the domains, categories, severity levels, and stages of care. This information could be presented with numbers, or could also be graphed (see the example below of the frequency of different categories).

Frequency of HCAT(GP) Categories



Inferential statistics:
If there are sufficient data, and there is someone with sufficient statistical expertise to carry out inferential statistical analysis, then it is possible to carry out more sophisticated analyses. For example use chi-square tests of independence to determine areas in care that are hot spots for harm (i.e. where harm occurs frequently), and use logistic regression to identify systemic blind spots (whether harm is more likely to occur when there are more than one issues within a complaint)[9].

[9] Further information on Hot spot and blind spot analyses can be found in: Gillespie A, Reader TW. Patient-centered insights: using health care complaints to reveal hot spots and blind spots in quality and safety. The Milbank Quarterly. 2018;96(3):530-67.

Worked example of the application of HCAT(GP)

A fictional complaint is presented below. This complaint will be used to provide a worked example to illustrate how to use the HCAT(GP).

Example fictitious complaint:
To whom it may concern, I am emailing to lodge a complaint about the treatment I have received at my GP surgery X in Y. I have been a patient there for almost 2 years, and have been having a lot of trouble there recently. Every time I go there, the receptionists are very rude to me, and I can hear them talking to each other about me in a rude way when I am sitting in the waiting room, which is very upsetting to me. The last time I was in with the doctor, I asked for a referral to a psychologist, the GP said that she would refer me, however I have since gone back to the GP and there is no referral on record for me, the last time was six months ago so the doctor has only now put me on a waiting list for a psychologist which means that I will be delayed in seeing them when I could have been on the waiting list for six months already. To top it all off the last time I was there she gave me my prescription for my antidepressants and when I took this to the pharmacist he said that the dosage was completely wrong and the GP must have made a mistake because I had always been on a higher dose and the lower dose wouldn't help me at all. I am so sick of the treatment I am getting in this GP office, they are so rude to me and I know it's because of my mental health problems, and to top it all off getting the wrong medication prescribed to me. I would appreciate if you could look into this because I'm afraid that I will not be safe here when they don't even remember to refer patients.

Following the steps outlined above, this complaint would be analysed as follows:

1. Ensure you understand the complaint

Read through the above complaint in full without coding it.

2. Identify the domain(s) and category/categories of each issue described in the complaint

After reading this complaint, there appears to be 3 issues that fall under the following categories:

a. Respect and patient rights *('Every time I go there, the receptionists are very rude to me, and I can hear them talking to each other about me in a rude way when I am sitting in the waiting room')*.
b. Institutional processes *('I asked for a referral to a psychologist, the GP said that she would refer me, however I have since gone back to the GP and there is no referral on record for me')*.
c. Safety *('when I took this to the pharmacist he said that the dosage was completely wrong and the GP must have made a mistake because I had always been on a higher dose and the lower dose wouldn't help me at all')*.

3. Determine the severity of the complaint

a. The first issue, relating to Respect and patient rights, is coded as being of medium severity (Severity 2). The admin staff are described as being 'rude' to the patient. The use of this term 'rude' indicates severity level 2, as it is more than simply 'dismissive', however does not reach the high severity keyword of 'discrimination'.
b. The second issue relates to institutional processes, and describes the patient not receiving an important referral. This fits in under high severity (Severity 3), as the care was urgent and was delayed due to a lack of continuity of care.
c. In the final issue, the patient describes that the GP 'made a mistake' and prescribed the wrong medication. A medication error such as this is a high severity issue, and is therefore coded as Severity 3.

4. Identify the stage of care in which the complaint occurred

a. The first issue, of receptionists being rude, occurs within the practice, however not during the consultation, therefore it is coded as occurring at the second stage of care (In the practice).
b. The institutional processes issue reflects a problem at the point of referral or follow up. It is therefore coded as occurring at the fourth stage of care (Follow-up/Referral).
c. The GP is described as having made a mistake in writing up the prescription for the patient during the consultation. This is therefore coded as having occurred at the third stage of care (During the consultation).

5. Determine the level of harm to the patient

The patient in this complaint reports being 'very upset'. According to the table describing the different harm levels, this reflects 'minimal harm' or harm level 1.

6. Record descriptive details on the complaint

This complaint appears to have been made by the patient themselves. There is no information on their gender. It refers to both admin staff and the GP.

7. Conduct analysis of groups of complaints

Once a sufficient number of complaints have been collected, they can then be analysed to look for trends.

Who can use the HCAT(GP)?

The HCAT(GP) is an open-access tool which can be used by any of the following groups following sufficient training.

- Clinicians and clinical staff working with complaints
- Managers and administrators within general practice settings
- Researchers
- Regional and National managers and administrators with responsibility for GP complaints

Training and practice is recommended prior to use of the HCAT(GP) for complaints analysis to ensure consistency in the use of the tool. This training and practice should include the following:

- Familiarisation with and use of this user guide
- Viewing of HCAT(GP) training video https://youtu.be/vo8ckQ8Gh48

The HCAT(GP) requires the original complaint from a patient or representative to be used. It has not yet been applied to other forms of feedback, comments, or compliments, however work is underway on this use of the tool. The HCAT(GP) coding should be based solely on the original complaint from a patient, rather than on any subsequent files or investigations.

Papers on the development of HCAT(GP)

Further information on the development and reliability of HCAT(GP) can be found in the below papers.

- O'Dowd E, Lydon S, O'Connor P. The adaptation of the 'Healthcare Complaints Analysis Tool' for general practice. Family Practice. 2021 https://doi.org/10.1093/fampra/cmab040
- O'Dowd E, Lydon S, Madden C, O'Connor P. A systematic review of patient complaints about general practice. Family Practice. 2019;37(3):297-305

Appendix 1: HCAT(GP) Coding form template

This coding form can be used to code complaints by hand, if an excel database is not available. It can also be used in tandem with an excel sheet.

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 complaint refers. 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) Stage(s) of Care (1–5)**
Clinical problems Issues relating to quality and safety of clinical and nursing care provided by healthcare staff (i.e. 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		
(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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