



**DANISH INSTITUTE OF
HUMANITIES AND MEDICINE**
AALBORG UNIVERSITY

Communication of patients' complaints in open access calls and in writing to the hospital

Project Synopsis

Recently the senior management of Aalborg University Hospital (AAUH) have set up a direct telephone line on a regular basis for patients and caregivers to report their experience of hospital stay (<http://www.aalborguh.rn.dk/Genveje/Sig-din-mening/Aaben-telefon>). The senior personnel (e.g. the medical director, the nursing director, the CEO and the deputy CEO) take turns to receive the calls and contingently deal with patients' and caregivers' concerns. Known as open access calls, each session lasts for about 2 hours and as part of the process the call-receiver fills in a form detailing names, contact details and brief summaries of cases including follow-up actions via various hospital departments.

Given the annual volume of patients at AAUH (roughly 80.000 in-patients and 600.000 ambulant patients), the open access calls constitute a very small portion of the hospital management system. But it is believed that these calls fairly accurately represent patients' and caregivers' perceived problems as well as suggestions for improving the quality of patient care. In a sense, these calls are an informal channel for the senior management to gather some vital information about expected standards to be maintained at the local level of healthcare delivery. Anecdotal evidence suggests that approximately 80% of the calls can be labelled 'complaints' and that many of these complaints fall into the category of 'communication issues'. In addition, 'formal written complaints' from patients and caregivers addressed to the regional hospital authorities (currently around 160 per year) play a key role in the monitoring of quality of care. Other written complaints include those addressed to Styrelse for patientsikkerhed (around 150 per year) and to Patienterstatningen (around 600 per year) – the latter involving financial compensation.

This collaborative pilot project involving AAUH and AAU will be based at DIHM. The aim is to focus on the communication issues surrounding patients' and caregivers' complaints during open access calls and in formal writing. The main purpose is to analyse a corpus of oral and written complaints from a communication perspective. The systematic evidence thus generated can be useful input for improving the quality of care to patients and their caregivers while also planning strategic and practical interventions at the institutional and professional levels. The specific research questions are as follows:

- What are the nature and extent of the open access calls that fall into the category of ‘communication issues’? Do patients and caregivers who experience poor communication use the open access format to register their complaints?
- In what ways do the callers formulate their experiences and expectations of healthcare delivery and how specific are they about what went wrong and what could have been avoided?
- In their complaints, how do callers talk about quality of care and adverse events more generally? Who (individuals) or what (systems) do the callers hold responsible for their positive or negative hospital experience?
- During the open access call, how does the management representative address individual and systemic issues raised by the callers? What variations can be noticed in how call-receivers deal with individual patient scenarios?
- Additionally, in what ways does the content of open access calls relate to and differ from formal written complaints lodged by patients?

The study is geared towards documenting and analysing a volume of open access calls which will be recorded, following usual consent and ethics procedures. The data corpus will include the information sheets filled-in by the call-receivers, the follow-up actions as well as a representative sample of formal written complaints. The motivation is to use pre-existing datasets where available and complement these with new data. In all cases, personal information will be anonymised prior to transfer of data for analysis as well as during analysis and dissemination of findings in order to protect individual participants’ confidentiality. This is in line with the main goal of the pilot project – to identify general patterns of ‘avoidable’ communication errors rather than remaining case-specific.

The analysis will be carried out in different steps. The first step will involve a stratification of calls and written complaints into thematic areas in order to gain a sense of the data corpus as a whole. This will lead to identifying systematic patterns of similarities and differences across the spoken and written complaints. In the next step, a more sophisticated analysis of the calls and the written complaints will be attempted using theme-oriented discourse analysis, supplemented by activity analysis. Activity analysis allows for structural, interactional and thematic mapping of the data corpus in its entirety.

The project findings will form the basis of professional awareness raising in the form of a ‘theme day’ at AAUH. Further workshops and specific communication training activities may be targeted at relevant groups. These will be firmly grounded in real-life data, with the provision of healthcare practitioners being able to reflect on their routine communicative practices in a climate of changing and challenging healthcare delivery.

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