

Design & Delivery of Bespoke Complaints Training Programme at Hospital Group Level

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Abstract

This article describes the design & delivery of a bespoke complaints training programme within an Irish Hospital Group encompassing all seven of its sites. The Hospital Group is situated in the North East of the country providing acute, maternity, respite and long-term healthcare for a population of approximately 900,000 people. Complaints are an inevitable aspect of healthcare and should be welcomed as an opportunity for change. Receiving and managing complaints can be challenging for healthcare staff. If managed effectively, complaints can lead to improved services and can result in a more open, honest and transparent health service. Following audit of the complaints management process in 2018, areas identified for improvement included recommendation development and learning from complaints.

Aims

To audit complaints training rate in the HG from 2017 to October 2021. To design a bespoke, interactive complaints training programme using accessible and relatable case studies. To measure the impact of this programme on confidence levels of staff in the management of complaints.

Methods

A bespoke complaints training programme was designed consisting of both virtual and in-person methods. It was launched in November 2021. Following training, participants were invited to complete an online evaluation survey.

Results

639 staff participated over a 14-month intervention period. Forty two complaints training sessions were delivered. 14% (n=44) of participants responded to the post training survey. Prior to training, 44% of those who responded, indicated that they were confident at managing complaints. This increased to 100% post training. All participants (100%) indicated that they would recommend the programme to a colleague.

This study indicates that a bespoke, well-structured complaints training programme can positively impact on the numbers of staff availing of training with a commitment to improving the quality of the complaints management process. Future studies will review the impact of this training programme on the quality of complaint responses.

Introduction

In the context of healthcare, complaints are claims of unfair or unsound administrative practice¹ and concerns related directly to clinical care². In 2021 the national healthcare feedback service *Your Service Your Say* received over 25,000 healthcare related complaints³. Complaint management is therefore an inevitable part of the healthcare professionals' work. If managed effectively, complaints can ultimately lead to improved services and can result in a more open, honest and transparent health service. The priority for many complainants is the reassurance that their experience will not happen to another patient or family^{4,5}. However, receiving and managing complaints can be a challenging and an often angst ridden time for healthcare staff. There is increasing concern for the welfare of healthcare staff in the face of a growing number of complaints⁶. Clinicians directly involved with complaints are more at risk of psychological health issues compared to those with no current or recent complaint involvement⁷. Suggested approaches to reducing these risks include a transparent complaints process and competent complaint staff⁷. Equipping staff to manage complaints effectively is an essential aspect of the complaints management process. Healthcare staff require a true understanding of the regulatory components of their roles⁵, such training will support the development of skills in the management of complaints while utilising the most efficient process to reach resolution⁸.

Following a 2018 hospital group wide audit of the complaint process and to address a perceived gap in complaints training, the Quality & Patient Safety Directorate at an Irish Hospital Group undertook the development of a bespoke, interactive complaints training programme, in compliment to the high level resources already available online, with the benefit of using a relatable case study approach.

Aims

The primary aims of this bespoke complaint training programme include increased awareness of the complaint management process, improvement in staff confidence in handling complaints and improvement proficiency in managing complaints to resolution. Attainment of the primary aims was through the following objectives;

1. Audit of historical complaints training rate for the hospital group from 2017 to the implementation of the complaints training programme in November 2021.

2. Small scale retrospective survey of senior clinicians asking about complaints training received to date.
3. Design of a bespoke, interactive complaints training programme using accessible and relatable case studies.
4. Facilitation of complaint training programme both virtually and in-person.
5. Measurement of impact of complaints training programme on staff members' self-perceived confidence levels.

Methodology

A bespoke complaints training programme was designed for healthcare staff within an Irish Hospital Group. The lead author designed this training programme using reliable communication tools^{9,10}, established complaint algorithms¹¹, national policy¹² and relevant legislation¹ as well as drawing on expertise from practical managerial experience both within the clinical healthcare setting and the quality & patient safety setting. The SAM (Successive Approximation Model) framework was adopted for the preparation, design and development of the programme as this structure allowed for multiple cycles of testing and feedback¹³ as sessions were refined and tailored to suit each participant group throughout the programme. The programme consists of a suite of training sessions designed for delivery both virtually and in-person. The 'ASSIST Training for All Hospital Staff' session supports public facing staff to manage Stage 1 (verbal) complaints using ASSIST⁹, an established communication tool. Report Writing for Clinicians provides a practical approach to complaint response preparation for senior clinicians when involved with Stage 2 (formal) or Stage 3 & 4 (review) complaints. Complaints Management for Complaints Officers provides a comprehensive overview of the expectations of the complaints officer to include relevant legislation, timelines, triage, recommendation development and report preparation when managing Stage 2 (formal) complaints. In November 2021, the hospital group quality & patient safety directorate complaints training programme was launched. A synopsis of each session was forwarded to hospital general managers, directors of nursing & midwifery, quality managers, clinical directors and administration managers for dissemination to relevant staff. Although all staff members were welcome to attend training there was an intention in offering bespoke training sessions that staff members would select a session that best fit their role in engaging with the complaint management process. Training dates were established and staff registered their interest via email or online registration form, accessed via QR code or hyperlink.

Two evaluation surveys were utilised during the training programme; a complaints training to date survey and an evaluation survey following training sessions. In order to gain an understanding of healthcare staff members' exposure to complaints training to date, a small scale retrospective survey of senior doctors and nurses at the hospital group was completed. The intention was to scope out previous complaints training received by staff. A sample of

convenience, of those who had expressed an interest in attending the complaints training programme, were asked by email what type, if any, of complaints training they had received to date with prompts to include online training, private consultancy, local hospital level training or formal training with the HSE. Responses were received by email. The second survey was an evaluation of the training sessions that implemented level 1 of the Kirkpatrick model of training evaluation, where the reaction of participants to the training session is captured¹⁴. SmartSurvey was the application used to host survey questions and analyse the results. The survey hyperlink was forwarded to complaints training attendees via the email they used to register for the training session, see appendix 3 for evaluation survey questions and responses.

Results

Historical Audit

A historical audit of complaints training attendance numbers was completed in October 2021, examining the pre-intervention period. Data from the commencement at the Hospital Group of support for staff in complaints management in 2017 until September 30th 2021 was reviewed. Forty eight staff received complaints training in 2017, 83 in 2018, 40 in 2019, 68 in 2020 and 20 in 2021 (up to September 30th 2021), see Table 1.

Table 1

Year	2017	2018	2019	2020	2021 (up to Sept)
Staff Trained	48	83	40	68	20

Table 1. Number of staff that participated in the HG complaints training from 2017 to Sept 2021 (pre-intervention).

Training to date

Fifty one participants were invited to partake in the small scale retrospective survey to determine training to date, with a response rate of 29% (n=15). 13% percent of respondents stated that they received off-site complaints training with an external organisation as well as local training and participation in online complaints courses, 27% received local complaints training and partook in online complaints courses and 60% stated that they received no complaints training, despite reaching senior clinical level in their roles.

Attendance

Since commencing the complaints training programme on November 4th 2021, 639 staff participated over a 14 month period (November 2021 – December 2022), see Figure 1. Forty-two training sessions were delivered in this 14-month period, 21 virtually and 21 in-person.

Figure 1

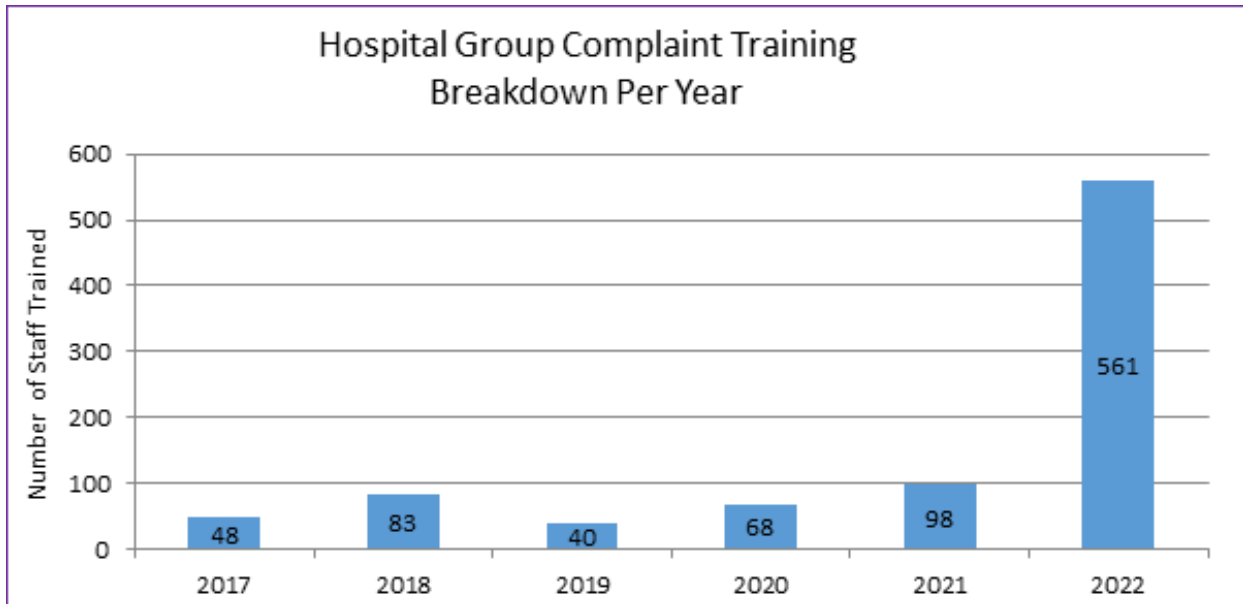


Figure 1. Numbers of staff that participated in the HG training from 2017 to 2022

The complaints training programme was well attended during the 14-month intervention period. The training appealed to a wide variety of staff roles, with nursing staff being the highest attendees. Of those who attended complaints training in the intervention period 70% percent (n=448) were Nurses (all grades from student nurse to Director of Nursing), 10% (n=62) Doctors (all grades from Intern to Consultant), 7% (n=43) Quality & Patient Safety Staff, 4% (n=25) Administration Staff, 3% (n=18) Health & Social Care Professionals, 2% (n=11) Senior Management Team and 4% other, see Figure 2.

Figure 2

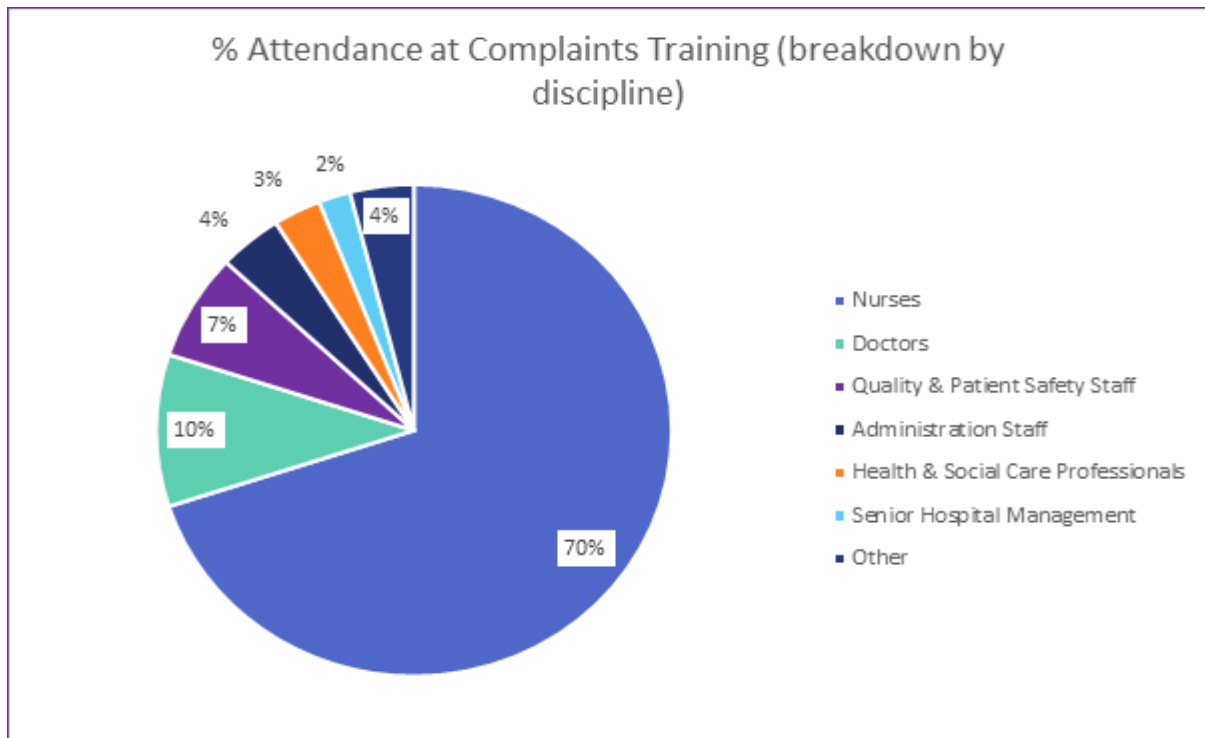


Figure 2. % of staff who attained complaints training during intervention period, breakdown by discipline

Evaluation survey

Participants were invited to complete a short online evaluation survey following each complaints training programme session, evaluation took place between November 2021 and June 2022 (n=312 staff trained in this period). Five evaluation questions were asked and responses obtained, albeit a low response rate (14%, n=44). Forty three participants responded to all five questions, one participant answered only one question. All participants reported a self-perceived increase in confidence levels associated with complaints management following receipt of the complaints training programme and reported that they would recommend the programme to a colleague.

Discussion

Strengths and limitations

During the COVID 19 pandemic traditional methods of training and professional development such as in-person facilitation and interactive workshops were adapted to facilitate restrictions in place¹⁵. Many of these adaptations have not reverted back to more traditional methods.

Prior to COVID 19 Corporate Affairs, Health Service Executive (HSE) provided in-person complaints training sessions to healthcare staff, these sessions were subsequently adapted to a suite of online pre-recorded webinars & videos in partnership with the National Complaints Governance & Learning Team (NCGLT). A myriad of benefits to this eLearning format include highly polished content, accessibility to suit the participant and resource efficiency^{16,17}. However the disadvantages of this format are addressed through the utilisation of live interactive eLearning training sessions, the benefits of which include participant engagement with live chat, question & answer and polling capabilities^{16,17} without the burden of travel associated with in-person training.

A limitation of this study is the low response rate of training evaluation surveys. A survey response rate of 60% is desirable to achieve meaningful data¹⁸ and only 14% of evaluation surveys were returned in this study. The predominantly positive feedback may indicate acquiescence bias where the respondent provides an answer they believe the researcher is seeking⁵. To mitigate for this going forward, surveys will be administered and returned to an impartial team member or gatekeeper with no involvement in complaints training programme.

Interpretation within the context of the wider literature

While there is a growing body of literature on learning from healthcare complaints^{4,19-22} there is little published on the development of healthcare complaints training for staff, staff uptake of training and staff perceptions of such training. That said, researchers analysing healthcare complaints stress the need for appropriate staff training to support staff in the management of these complaints^{23,24}. This bespoke complaints training programme and its pre and post intervention evaluation contributes to the wider literature of healthcare complaints as it creates an evidence-based framework that can be further developed upon. Mirzoev and Kane carried out a literature review to identify key strategies for improving the management of patient complaints. The authors found that improvements to this area needs to be comprehensive and sustainable within the local context²⁵. The use of tailored training rather than a generic version addresses the comprehensive approach that Mirzoev and Kane suggest. The use of relatable case studies to explain the theory of complaints management supports the understanding of participants within a local context and draws on their own experiences²⁶.

Implications for policy, practice and research

The number of formal complaints received across the sites of the Hospital Group increased by 16% (n=220) during the intervention period. This rise may be contributed to the return to regular healthcare services in 2022 following the disruption in 2020 & 2021 due to COVID-19. There was a brief decrease in formal healthcare complaints received in Q2 2020 reflective of the public mood towards healthcare staff in this time of crisis and the reduction in elective

services leading to less opportunity for complaints²⁷. There is therefore an increased requirement for staff support and training in the appropriate management of complaints to ensure that both the complainant and the healthcare service involved receive due process. In order to assess the quality of staff management of complaints following participation in the training programme further research and audit is required to establish a reduction in requests for appeal that the responses produced adhere to the appropriate requirements. The relevant policy on complaints processing within the hospital group was updated following implementation of this training programme and reflects a procedural guide to complaints management. Many elements of this training programme are transferable in both a national and international context due to the similarities in the nature of healthcare complaints received to include treatment and management of the patient and communication between the clinical staff and the patient or their families^{20,23,28}.

Discussion

Complaints in healthcare are increasing^{19,20}, this phenomenon is not exclusive to the Irish Healthcare system but evident internationally^{20,21}. Complaints provide a unique view of a service or healthcare experience, initiated by the service user rather than the hospital²⁰, where a tolerance threshold has been breached and the service user is compelled into action¹⁹. Therefore complaints from patients, family members and members of the public should be valued by an organisation, seen as a resource for monitoring patient safety²⁸ and viewed as an opportunity for improvement within health service.

Involvement in complaints management can impact profoundly upon staff²⁹. Such impact can be mitigated through continuous education and training for all staff to support the development of skills in complaints management³⁰. Robust complaints training is essential in equipping health care staff to deal with complaints. The data in this study indicates that bespoke, well-structured complaints training programme can positively impact on the numbers of staff availing of training sessions and also on the level of confidence they demonstrate post training. Provision of this programme will continue with coaching of link stakeholders across the hospital group to ensure the propagation and longevity of the programme. Development of further complaints management resources to support staff are currently under review. Future studies will examine the impact of this training programme on the quality of complaint responses issued by those who attended training with further supports as required.

Declarations of Conflicts of Interest:

None declared.

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References:

1. GOI. Health Act. In: DOH, editor. Dublin 2004.
2. HSE. Complaints Management System: Complaints Officer User Manual. 2021.
3. HSE. Your Service Your Say Activity Update 2021. 2022.
4. Ombudsman. Learning to get better. Dublin; 2015.
5. Graeff T. Response Bias. In: Kempf Leonard K, editor. Encyclopedia of Social Measurement New York: Elsevier; 2005. p. 411-8.
6. Murphy JFA. Doctors and the Effects of the Complaints Process. Ir Med J. 2017;110(1):492.
7. Bourne T, Wynants L, Peters M, Van Audenhove C, Timmerman D, Van Calster B, et al. The impact of complaints procedures on the welfare, health and clinical practise of 7926 doctors in the UK: a cross-sectional survey. BMJ open. 2015;5(1):e006687.
8. HSE. Management of Service User Feedback Policy for Comments, Compliments and Complaints 2017. 2017.
9. HSE. ASSIST Model of Communication. . 2021.
10. MPS. A GUIDE TO EFFECTIVE COMPLAINTS RESOLUTION ENGLAND. 2009.
11. HSE. The Complaints Process 2023
[Available from: <https://www.hse.ie/eng/about/who/complaints/ysysguidance/listening-responding-to-feedback/thecomplaintsprocess.html>.
12. HSE. Your Service Your Say Guidance Manual. 2017.
13. What are the key differences between the ADDIE and SAM models of training design and facilitation? [Internet]. LinkedIn, editor. LinkedIn 2023. Available from: <https://www.linkedin.com/advice/0/what-key-differences-between-addie-sam-models#:~:text=The%20ADDIE%20model%20is%20a,and%20follows%20a%20logical%20sequence.>

14. Ardent, Learning. What Is The Kirkpatrick Model? Learn The 4 Levels Of Evaluation [Internet]2020. Available from: <https://www.ardentlearning.com/blog/what-is-the-kirkpatrick-model#:~:text=The%20Kirkpatrick%20Model%20is%20a,learning%2C%20behavior%2C%20and%20results.>
15. Gross G, Ling R, Richardson B, Quan N. In-Person or Virtual Training?: Comparing the Effectiveness of Community-Based Training. American Journal of Distance Education. 2023;37(1):66-77.
16. Parmley T. 2021. [cited 2023]. Available from: <https://ewebinar.com/blog/live-vs-pre-recorded-webinar.>
17. 2021. Available from: <https://www.expressvirtualmeetings.com/blog/live-pre-recorded-on-demand-virtual-events-and-the-advantages-and-disadvantages-you-need-to-know/>
18. Pronovost P, Sexton B. Assessing safety culture: guidelines and recommendations. 2005;14(4):231-3.
19. Dael Jv, Reader TW, Gillespie A, Neves AL, Darzi A, Mayer EK. Learning from complaints in healthcare: a realist review of academic literature, policy evidence and front-line insights. 2020;29(8):684-95.
20. Skär L, Söderberg S. Patients' complaints regarding healthcare encounters and communication. Nursing open. 2018;5(2):224-32.
21. Barnhoorn PC, Essers GT, Nierkens V, Numans ME, van Mook WN, Kramer AW. Patient complaints in general practice seen through the lens of professionalism: a retrospective observational study. BJGP open. 2021;5(3).
22. NIHR. Improving care by using patient feedback. 2019.
23. Almusawi MA, Radwan N, Mahmoud N, Alfaifi A, Alabdulkareem K. Analysis of patients' complaints in primary healthcare centres through the Mawid appl in Riyadh, Saudi Arabia; a cross-sectional study. Malaysian family physician : the official journal of the Academy of Family Physicians of Malaysia. 2023;18:17.
24. Anki Odelius HA, Billie Hunter, Karen Bryan, Wendy Knibb, Jill Shawe. From transformative learning to social change? Using action research to explore and improve informal complaints management in an NHS trust. International Practice Development Journal. 2015;5(1):1-16.
25. Mirzoev T, Kane S. Key strategies to improve systems for managing patient complaints within health facilities – what can we learn from the existing literature? Global Health Action. 2018;11(1):1458938.
26. Pacho TO. Exploring participants' experiences using case study. International Journal of Humanities and Social Science. 2015;5(4):44-53.
27. Adhiyaman V, Hobson P. What is the impact of COVID-19 on complaints against doctors? Clinical medicine (London, England). 2022;22(2):187-8.

28. Reader TW, Gillespie A, Roberts J. Patient complaints in healthcare systems: a systematic review and coding taxonomy. *BMJ quality & safety*. 2014;23(8):678-89.
29. HSE. Recognising the potential impact of complaints on staff. 2023.
30. HSE. Staff Training and Development.: HSE; 2023.

Appendix 1 Programme Prospectus

Session 1



Programme Aim

To provide an overview of complaint management for all hospital staff.

Learning Objectives

Participation in this training session will provide the staff member with;

- An understanding of the challenges that give rise to complaints
- An explanation of the complaint stages
- Discussion of the importance of communication in complaint management
- Communication tools for use
- Case study of complaint management using a recognised tool
- Discussion and examples of both poor and high quality responses

Duration

40 minutes

Targeted Participants

All hospital staff

Programme Requirements

Please complete HSE Effective Complaints Handling available on www.hseland.ie prior to attending this training session.

Dates of training

17th August 2022

23rd November 2022

Registration information/How to apply

Please contact Ms Orla Kenny, Patient Engagement Manager @ orlaakenny@rcsi.com or phone 087 7434726 for further information.

Session 2



Programme Aim

To provide an overview of the complaints investigation & management process.

Learning Objectives

Participation in this training session will provide the participant with;

- An understanding of the relevant legislation & policies associated with complaints management
- Detailed discussion of the complaints stages and expectations at each stage
- Complaints timelines
- Case study of complaint issue identification and the triaging process
- Discussion of complaints governance
- Complaint report/response preparation
- Discussion and examples of both poor and high quality recommendations

Duration

60 minutes

Targeted Participants

Complaints Officers, Complaints Managers, Quality & Patient Safety staff, DONs, ADONs, senior HCPs, Administration Managers, Management level personnel

Programme Requirements

Please complete HSE Effective Complaints Handling, HSE Effective Complaints Investigation, Your Service Your Say: Complaints Handling Guidance for Clinical Staff available on www.hseland.ie prior to attending this training session.

Dates of training

Aug 24th 2022

October 26th 2022

Registration information/How to apply

No need to register, MS Teams link will be sent out to all user email closer to the date. Please contact Ms Orla Kenny, Patient Engagement Manager @ orlaakenny@rcsi.com or phone 087 7434726 for further information.

Session 3



Programme Aim

To provide an overview of the expectations of a Clinician, when involved in the complaints management process.

Learning Objectives

Participation in this training session will provide the Clinician with;

- An understanding of the relevant legislation & policies associated with complaints management
- An explanation of clinical judgment relative to complaints
- Discussion of the complaints stages
- Complaint report/response preparation
- Case study of a complaint with clinical judgment elements
- Discussion and examples of both poor and high quality report/responses
- Advice on making recommendations

Duration

50 minutes

Targeted Participants

Consultants, Senior NCHDs, DONs, ADONs, senior HCPs (management level)

Programme Requirements

Please complete 'Your Service Your Say: Complaints Handling Guidance for Clinical Staff' available on www.hseland.ie prior to attending this training session.

Dates of training

July 27th 2022

September 28th 2022

Registration information/How to apply

No need to register, MS Teams link will be sent out to all user email closer to the date. Please contact Ms Orla Kenny, Patient Engagement Manager @ orlaakenny@rcsi.com or phone 087 7434726 for further information.

Appendix 2 Sample slides from Session 3



Report Writing for Clinicians
Complaints involving clinical judgement
Orla Kenny
2023



Complaints

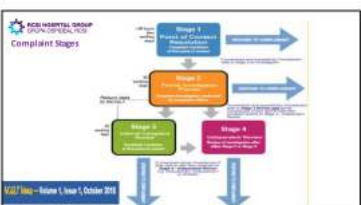
- Patients, family members and witnesses have a right to make a complaint.
- Positive & negative feedback is a key component of a complaint. It can contribute to the quality of our healthcare.
- The aim of this presentation is to determine the responsibilities of a clinical judgement report.

The Health Act (2004) defines clinical judgement as being "a decision made or opinion formed in connection with the diagnosis, care or prognosis of a patient"



Why are Complaints given airtime?

- 1) Health Act, part 9 (2004) & Complaint Regulations (2006)
- 2) National Policy VSYS, HG policy, local policy
- 3) Feedback from the service user informs QI



Complaint Stages

1. Initial Complaint
2. Investigation
3. Resolution
4. Review



Complaints

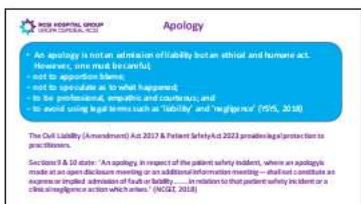
- Due to the nature of our work, many complaints may include critical elements, such as administrative, environmental or reports of negative interactions with our staff.
- As a Clinician you may be asked to provide a clinical judgement report to support a complaint.
- The complaints Officer / Manager will contact you, outline the concerns raised by the complainant and request a clinical judgement report.



Report

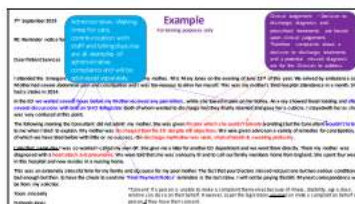
Complaints are an opportunity for learning. Consider why the patient is making a complaint, what went wrong and what could have been done differently. (VSYS, 16/04/19)

- Your report should include:
 - An acknowledgement of the complaint
 - Summary of the issue(s) of concern
 - Investigative process
 - Findings & Recommendations (SMART & CLEAR)
 - Your Title
 - Date



Apology

An apology is not an admission of liability but an ethical and humane act. However, it is not a bribe. It is not to be used to avoid or to deflect blame. It is not to be used to avoid or to deflect blame. It is not to be used to avoid or to deflect blame.



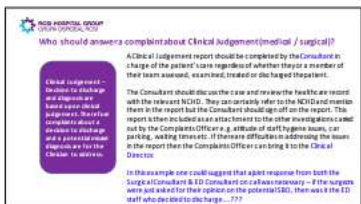
Example

A patient with a complaint... (Text describing a patient's experience and the resulting complaint)



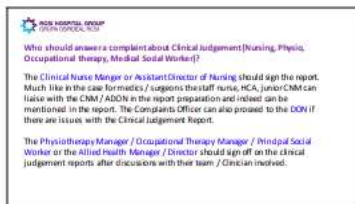
How to write the clinical judgement report with this complaint response

Dear Complaints Team... (Text of a sample complaint response)



Who should answer a complaint about Clinical Judgement (medical / surgical)?

A clinical judgement report should be completed by the Consultant in a range of the patient's care regardless of whether they are a member of the team assessed, examined, treated or discharged the patient.



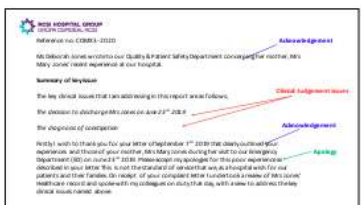
Who should answer a complaint about Clinical Judgement (Nursing, Physio, Occupational therapy, Medical Social Worker)?

The Clinical Nurse Manager or Assistant Director of Nursing should sign the report. Much like in the case for medicals, suggests the staff nurse, HCA, junior CNM can liaise with the CNA/ANDN in the report preparation and indeed can be mentioned in the report. The Complaints Officer can also proceed to the DOW if there are issues with the Clinical Judgement Report.



Investigative process

Flowchart showing the steps from complaint to resolution, including roles like Complaints Officer, Clinical Judgement Report, and Review.



Acknowledgement of receipt

Reference no. 12345-2023

We acknowledge receipt of your complaint regarding the care of your patient, Mrs. Jane Smith, who was admitted to our hospital on 12/10/2023.



Acknowledgement of receipt (continued)

We have received your report regarding the care of your patient, Mrs. Jane Smith, who was admitted to our hospital on 12/10/2023. We will investigate the matter and provide you with a response as soon as possible.






Acknowledgement of receipt (continued)

We will ensure that the appropriate actions are taken to prevent a recurrence of this incident. We will also provide you with a copy of the final report once it has been completed.

Q3 Customise			
Was the Facilitator?			
Answer Choices	Yes	No	Response Total
Interesting to listen to?	97.67% 42	2.33% 1	43
Knowledgeable of the content?	100.00% 44	0.00% 0	44
Willing to answer questions?	100.00% 42	0.00% 0	42
Answered: 44 Skipped: 0			

Q4 Customise			
Would you recommend this training session to a colleague?			
Answer Choices	Responses		
Yes		100.00%	43
No		0.00%	0
Answered: 43 Skipped: 1			Response Total: 43

Q5 Customise			
Having completed this training session do you now feel more confident in responding to a formal complaint?			
Answer Choices	Responses		
Yes		100.00%	43
No		0.00%	0
N/A (if you already felt fully confident in complaint management)		0.00%	0
Answered: 43 Skipped: 1			Response Total: 43