Appendix 1. The original English coding version HCAT.

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 letter refers C. 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) Stages of Care**	**Tick relevant stages**
CLINICAL PROBLEMS Issues relating to quality and safety of clinical and nursing care provided by healthcare staff (ie, doctors, nurses, radiologists, and allied health professionals)	**Quality:** *Clinical standards of healthcare staff behaviour*		1. Admissions	
	Safety: *Errors, incidents, and staff competencies*		2. Examination & diagnosis	
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*		3. Care on the ward	
	Institutional Processes: *Problems in bureaucracy, waiting times, and accessing care*		4. Operation & procedures	
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*		5. Discharge & transfers	
	Communication: *Absent or incorrect communication from healthcare staff to patients*		6. Unspecified or other	
	Respect and patient rights: *Disrespect or violations of patient rights by staff*			
	Unspecified/other			
(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			

The HCAT-DK pre- and final version

<table>
<tr><td colspan="4">Instruktion
A. Brug manualen til at identificere sværhedsgraden af hver problemkategori (fra 0, fremgår ikke, til 3, meget alvorligt)
B. Angiv venligst hvor i forløbet, klagebrevet henviser til
C. Kategorisér graden af skade som patienterne oplever
D. Angiv yderligere beskrivende oplysninger vedrørende klagen</td><td>Reference nummer</td></tr>
<tr><td>A) Område</td><td>Kategori</td><td>Alvors-grad (0-3)</td><td>(B) Hvor i forløbet</td><td>Markér hvor i forløbet</td></tr>
<tr><td rowspan="2">Kliniske problemstillinger
Problemer vedrørende kvalitet og sikkerhed i behandling og pleje tilbudt af sundhedspersonale (f.eks. læger, sygeplejersker, røntgen- og øvrigt sundhedspersonale)</td><td>Kvalitet: Kliniske standarder for sundhedspersonalets adfærd</td><td></td><td>1. Indlæggelse/ henvendelse</td><td></td></tr>
<tr><td>Sikkerhed: Fejl, hændelser og personalemæssige kompetencer</td><td></td><td>2. Undersøgelse og Diagnose</td><td></td></tr>
<tr><td rowspan="2">Ledelses- og serviceproblemstillinger
Problemer vedrørende omgivelser og organisation inden for hvilken sundhedsydelser leveres (hvor administrativt, teknisk og logistisk personale, samt ledelse normalt er ansvarlige)</td><td>Omgivelser: Problemer med faciliteter, service, klinisk udstyr og bemandingen</td><td></td><td>3. Behandling og pleje på afdelingen</td><td></td></tr>
<tr><td>Organisatoriske processer: Problemer med bureaukrati, ventetider, og adgang til ydelser</td><td></td><td>4. Operation og procedurer</td><td></td></tr>
<tr><td rowspan="3">Relationelle problemstillinger
Problemer vedrørende enkelte medarbejderes opførsel over for patient eller pårørende</td><td>Lydhørhed: Sundhedspersonalet ignorerer eller anerkender ikke oplysninger fra patienter</td><td></td><td>5. Udskrivelse og overflyttelser</td><td></td></tr>
<tr><td>Kommunikation: Manglende eller fejlagtig kommunikation fra sundhedspersonale til patient</td><td></td><td>6. Uspecificeret eller andet</td><td></td></tr>
<tr><td>Respekt og patientrettigheder: Mangel på respekt eller overtrædelse af patentrettigheder fra personalets side</td><td></td><td></td><td></td></tr>
<tr><td></td><td>Uspecificeret/andet</td><td></td><td></td><td></td></tr>
<tr><td>C) Angiv graden af den patient rapporterede skade:
(1) ubetydelig til (5) katastrofal (skriv 0 for ikke anvendelig eller uoplyst)
=</td><td colspan="4">(D) Angiv yderligere oplysninger om:
1. Hvem har indgivet klagen?
□ Pårørende □ Patient □ Ukendt/andre
2. Patientens køn?
□ Kvinde □ Mand □ Ukendt/andet
3. Hvilken / hvilke personalegruppe(r) omhandler klagen?
□ Administrativt personale □ Læger □ Plejepersonale □ Ukendt/andre</td></tr>
</table>

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Healthcare Complaints
Analysis Tool

THE LONDON SCHOOL OF ECONOMICS AND POLITICAL SCIENCE

Healthcare Complaints Analysis Tool
version 3, 2015

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INTRODUCTION

This manual provides instructions on how to use the Healthcare Complaints Analysis Tool (HCAT) to analyse complaints from patients and families regarding poor healthcare experiences. HCAT enables organisational listening [1] through aggregating individual healthcare complaints so that patient concerns can facilitate service monitoring and organisational learning.

Why analyse healthcare complaints?

Healthcare complaints are often written with the aim of contributing to the improvement of services [2]. However, the tools for harnessing the potential of these insights have been limited [3-6]. Yet, we know that utilising patient experiences has the potential to enhance the quality and safety of healthcare delivery [7-12]. For example, "low-level" problems in caring for patients and following procedures have been shown to precede adverse events and wide-spread failures in healthcare delivery [13]. Identifying these low-level problems is important for ensuring the resilience and safety of healthcare systems [5], and the monitoring of patient experience is an additional way through which risks to patient safety can be identified [15]. More specifically, analysing letters of complaints to healthcare institutions ("healthcare complaints") made by patients and families is a potentially useful way to assess healthcare safety and quality [3-6].

Healthcare organisations can learn from letters of complaint because patients and their families are sensitive to, and able to recognise, a range of problems in healthcare delivery. Specifically, patients and their families process a huge amount of data, observing and evaluating all healthcare interactions [16]. Indeed, they have privileged access to information on continuity of care [17, 18], communication failures [19], dignity issues [20] and patient centred care [21]. Moreover, once treatment is concluded, patients and their families are relatively free to speak up about their experiences without fear of repercussions [22]. Finally, because patients and their families are outside the given healthcare organisation they provide an independent assessment of that organisation that is grounded in the changing norms and expectations of society [23].

What are healthcare complaints?

"Healthcare complaint" refers to an expression of grievance and dispute, typically written and communicated through a letter by a patient or their family, about the receipt of healthcare [24, 25]. Healthcare complaints are usually written to a healthcare organisation (or regulator) after a threshold of dissatisfaction with care has been crossed [26], are typically written by patients or families on behalf of patients [27], and are often written with the intention of improving future service provision [2]. Although the frequency of healthcare complaints relative to healthcare episodes is low, the total number of complaints can be substantial [6]. For example, the UK National Health Service (NHS) receives over 100,000 annually [28]. Complaints can focus on diverse problems (eg, car parking, prescribing errors), describe different types of harm (eg, physical,

emotional), and have different underlying aims (eg, resolving upset, creating change, preventing future issues) [6]. The problems raised in a patient letter of complaint are often not identified by traditional systems of healthcare monitoring (eg, incident reporting systems, retrospective case reviews) [29, 30]. However, methodologies for researching patient complaints are poor, and there is a need for systematic and rigorous analytical tool for analysing healthcare complaint letters [3-6, 31, 32].

What is The Healthcare Complaints Analysis Tool (HCAT) for?

HCAT is the first standardised tool for analysing healthcare complaints in a rigorous and conceptually meaningful way. It is also the first tool that can reliability assess problem severity. The tool has been developed equally by Dr Alex Gillespie and Dr Tom Reader at the London School of Economics and Political Science. The tool is based on an empirically derived and theoretically guided framework through which information in a healthcare complaint can be reliably codified and assessed.

HCAT is designed to support healthcare institutions and national or international monitoring institutions. Results from HCAT can be used to: 1) systematically characterise the general and specific problems reported by patients within a particular healthcare institution; 2) differentiate between high and low-performing healthcare institutions (eg, in terms of the severity of problems reported); 3) identify healthcare institutions with especially high risk profiles (eg, in terms of patients reporting severe safety problems); 4) encourage learning and the sharing of information between institutions, and; 5) provide longitudinal data on complaint trends (eg, to test the effect of an intervention to improve patient experience).

HCAT is available under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. It is free for practitioners and researchers alike to use. Support of varying degrees is available for using HCAT, and those interested should contact the authors, Dr Alex Gillespie and Dr Tom Reader.

OVERVIEW: THE HEALTHCARE COMPLAINTS ANALYSIS TOOL (HCAT)

The Healthcare Complaints Analysis Tool (HCAT) is an analytical tool for codifying and assessing the problems highlighted by patients and their families or advocates in letters of complaint. The categories and sub-categories for analysing complaints have been developed through a systematic review of the academic patient complaint literature [6], collaboration with relevant specialists, in-depth analyses of healthcare complaints, pilot studies, and reliability testing [33].

At the centre of HCAT is a coding taxonomy which can be used to distinguish the types of problems raised in healthcare complaints. The taxonomy consists of a three-level hierarchy of "domains", "problem categories", and exemplar "problem indicators" covering 36 sub-categories (for which reliability testing is ongoing). Table 1 outlines the core coding taxonomy. Using the taxonomy, analysts identify and code the types of problems reported by patients in a letter of complaint. Analysts then assess the severity of the problems reported in the letter of complaint, identify where in the care process problems were experienced, and report on the level of harm experienced by patients.

Table 1. HCAT Domains and problem category definitions

CLINICAL PROBLEMS	
Issues relating to quality and safety of clinical and nursing care provided by healthcare staff (ie, 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

Each of the domains, and the problems that underlie them, are conceptually distinct: "Clinical problems" relate to the literature on human factors and safety [7, 34, 35]; "management problems" relate to the literature on health service management [36-38], and; "relationship problems" relate to the literatures on patient perspectives [39], including issues of communication [40], dignity [20], and patient rights [41]. Underlying each category is a number of sub-categories. These sub-categories can be used to classify the specific types of problems being identified within each complaint category (eg, to support organisational learning). However, although these sub-categories are based on a systematic review of the literature [6] and iterative coding [33], the reliability for the use of sub-categories is yet to be ascertained.

Who can use HCAT?

HCAT is free to use. It has been designed to be used by clinical staff (eg, nursing, medical staff), non-clinical staff (eg, administrative, patient experience), and healthcare researchers (eg, health psychologists, risk specialists). HCAT has been tested for reliability and accuracy [33]. The results show that educated users, provided they have been trained with the present manual and practiced with some sample complaints, will be able to analyse healthcare complaints in a similar and consistent manner.

Prior to using HCAT, assessors should:

- understand what a healthcare complaint is
- understand the utility and purpose of analysing complaints
- be familiar with the three-level hierarchy of "domains", "problem categories," and "indicators"
- know how to use the indicators to identify a problem category and severity
- understand how to apply the coding framework to analyse a patient letter of complaint
- understand what a "stage of care" is, and how to code it
- understand the meaning of patient harm
- undergo a calibration exercise whereby they use HCAT on pre-coded example letters (contact the authors for details on this training).

General guidelines

The purpose of HCAT is to support the analysis and aggregation of information on the types of problems experienced by patients and families (as reported in letters of complaint).

The purpose of HCAT is not to: 1) assess the veracity of issues raised by patients; 2) detail the specific clinical problems experienced by patients; 3) focus on the competencies of specific members of healthcare staff, or; 4) support the management of an individual letter of complaint.

When using HCAT, the information reported in a healthcare complaint should be taken at face value, and evaluated in a way that is non-judgemental of either patients or healthcare staff. From the perspective of patients, information provided in a letter of complaint usually reflect an upsetting or concerning experience, and whilst the system makes assessments of the types and severity of those experiences (in comparison to the range of problems raised by many patients), no judgement is made about the

intentions of the complainant, their right to complain, or the importance attached by the complainant to the issues they describe (ie, both low and high severity complaints can provide crucial information on safety-related issues). Conversely, because healthcare complaints are written from the perspective of patients and families, relatively little insight can be provided on the perspective of healthcare staff who feature in a complaint (eg, on the wider system pressures influencing their behaviour), and thus the behaviour of specific staff members or groups is not examined.

The coding process should be strictly empirical, that is, focused on the actual words used in the letter of complaint (rather than extrapolation or interpretation). Central to the utility of HCAT is the fact that it is reliable (ie, that two people will code the same letter similarly). This reliability is achieved, in part, by requiring coders to focus on the text within each complaint (not judgements or inferences). To facilitate sticking closely to the text, assessors should become familiar with the type of words that indicate each of the main problem categories (reported below).

A STEP-BY-STEP GUIDE

The data entry for HCAT is most appropriately done via a computer, however, it can also be done using pen and paper. The following guide will, for ease of reference, assume that the pen and paper recording sheet at the end of this document is being used.

Coding a healthcare complaint using HCAT involves four-phases (A-D), each of which are described in the sections below (see table 2 for a summary).

Table 2. Four phases for coding a healthcare complaint

A. Identifying the presence of problem categories (and, if required, sub-categories) within the letter of complaint using the coding taxonomy, and assessing their severity
B. Specifying the stages of care at which problems occurred
C. Indicating the level of harm arising from the reported problem
D. Providing descriptive information about the letter of complaint

Section A: Identifying problems and assessing severity

The first stage in coding a healthcare complaint using HCAT is the identification of problems contained with a letter of complaint, and an assessment of their severity. The healthcare complaint coding taxonomy identifies three distinct domains (clinical, management and relationship) of healthcare complaint, comprising seven problem categories and 36 sub-categories.

To facilitate the identification of problems within a healthcare complaint, exemplar indicators have been developed for each. These are specified in greater detail in figures A1-A3 on the following pages, and are to be used to guide: 1) the identification of problem categories in a patient letter of complaint, and; 2) the assessment of problem severity.

Severity ratings should be independent of outcomes (ie, harm). The severity ratings are not comparable across problem categories. Rather severity ratings should be based on the indicators provided in the following pages. These severity indicators, which are based on the 36 sub-categories, were developed through iterative coding of a UK national sample of healthcare complaints (n = 1081), which entailed mapping severity for each problem category, and thus identifying independent severity distributions within each problem category and sub-category.

To analyse a healthcare complaint, the following steps should be undertaken:

1. Read through the letter of complaint without coding anything
2. On second reading, identify the problem category (and, if required, sub-category) being complained about using the problem definitions and the keywords.
3. For each problem category identified, use the severity indicators in figures A1-A3 to determine the severity level. The indicators are exemplars of (1) low, (2) medium, and (3) high severity problems for each problem category.
   - i. If a problem category is not identified and attributed at severity score, it is automatically rated as 0 (not present).
   - ii. If one problem category is present at multiple levels of severity, only the highest level of severity should be recorded.
   - iii. If one event (eg, surgical complication) relates to multiple problem categories (ie, safety, communication) then all relevant problem categories should be recorded.
   - iv. Should further analysis be required, problems categories may also be coded in terms of the sub-categories that comprise them. Although each sub-category has an indicator at each severity level, the reliability of coding severity at this fine-grained level has yet to be established.
4. Use SECTION A on the HCAT form, at the end of this manual, to record the problem and severity coding.

A1. Clinical Problems. Issues relating to quality and safety of clinical and nursing care provided by healthcare staff (ie, doctors, nurses, radiologists, and allied health professionals)

Quality: Clinical standards of healthcare staff behaviour

- Sub-categories: Neglect – Hygiene & personal care; Neglect – Nourishment & hydration; Neglect – general; Rough handling & discomfort; Examination & monitoring; Making & following care plans; Outcomes & side effects.
- 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
Delay changing dirty bedding	Patient dressed in dirty clothes	Patient left in own waste in bed
Isolated lack of food or water	Nothing to eat or drink for one day	Patient dehydrated/ malnourished
Wound not dressed properly	Seeping wound ignored	Infected wound not tended to
Rough handling patient	Patient briefly without pain relief	Force feeding baby, resulting in vomiting
Patient monitoring delayed	Patient not monitored properly	Discharge without sufficient examination
Patient not involved in care plan	Aspect of care plan overlooked	Failing to heed warnings in patient notes
Patient left with some scarring	Patient required follow-up operation	Patient left with unexpected disability

Safety: Errors, incidents, and staff competencies

- Sub-categories: Error – diagnosis; Error-medication; Error – general; Failure to respond; Clinician skills; Teamwork.
- 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	Clinician failed to diagnose a fracture	Clinician misdiagnosed critical illness
Slight delay administering medication	Staff forgot to administer medication	Incorrect medication was administered
Minor error in recording |patient progress	Delay noticing deteriorating condition	Onset of severe sepsis was not identified
Not responding to bell (isolated)	Not responding to bell (multiple)	Not responding to heart attack
A minor error filling-out the patient notes	Clinician overlooked information (eg, previous experience of an illness)	Clinician overlooked critical information (eg, serious drug allergy)
Minor misunderstanding among clinicians	Test results not shared with clinicians	Failure to coordinate time-critical decision

A2. 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
- Sub-categories: Accommodation; Preparedness; Ward cleanliness; Equipment; Staffing; Security.
- 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 ward surroundings	Patient was cold and uncomfortable	Fleas, bed bugs, rodents
Patient bed not ready upon arrival	Patient placed in bed in corridor	Patient relocated due to bed shortage
Dirt and cigarette ends on main floor	Blood stains in bathroom	Overflowing toilet, faeces on floor
Parking meter not working	A temporary malfunction in an IT system	Medical equipment malfunctioned
Midwife repeatedly called away	Specialist not available	Severe staff shortages
Argument between patients	One patient bullying another patient	Patient assaulted by another patient

Institutional Processes: Problems in bureaucracy, waiting times, and accessing care
- Sub-categories: Delay – access; Delay – procedure; Delay – general; Bureaucracy; Visiting; Documentation.
- 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	Waited in emergency room for hours	Unable to access specialist care
Non-urgent medical procedure delayed	Medical procedure delayed	Acute medical procedure delayed
Phone calls not returned	Complaint not responded to	Emergency phone call not responded to
Appointment cancelled and rescheduled	Chasing departments for an appointment	Refusal to give appointment
Visiting times unclear	Visiting unavailable	Family unable to visit dying patient
Patient notes not ready for consultation	Patient notes temporarily lost	Another patient's notes used as basis for consultation

A3. Relationship Problems. Issues relating to the behaviour of any member of staff towards the patient or their family/friends

<table>
<tr><td colspan="3">Listening: Healthcare staff disregard or do not acknowledge information from patients
• Sub-categories: Ignoring patients; Dismissing patients; Token listening
• Keywords: “I said”, “I told”, “ignored”, “disregarded”, “battled to be heard”, “not acknowledged”, “excluded”, “uninterested” and “not taken seriously”.</td></tr>
<tr><td>1. Low severity</td><td>2. Medium severity</td><td>3. High severity</td></tr>
<tr><td>Staff ignored question</td><td>Staff ignored mild patient pain</td><td>Staff ignored severe distress</td></tr>
<tr><td>Patient’s dietary preferences were dismissed</td><td>Patient-provided information dismissed</td><td>Critical patient-provided information repeatedly dismissed</td></tr>
<tr><td>Question acknowledged, but not responded to</td><td>Patient anxieties acknowledged, but were not addressed</td><td>Patient pain acknowledged, but no follow through on pain relief</td></tr>
<tr><td colspan="3">Communication: Absent or incorrect communication from healthcare staff to patients
• Sub-categories: Delayed communication; Incorrect communication; Absent communication.
• Keywords: “no-one said”, “I was not informed”, “he/she said ‘X’”, “they told me”, “no-one explained”, “contradictory”, “unanswered questions”, “confused”, “incorrect”.</td></tr>
<tr><td>1. Low severity</td><td>2. Medium severity</td><td>3. High severity</td></tr>
<tr><td>Short delay communicating test results</td><td>Long delay communicating test results</td><td>Urgent test results delayed</td></tr>
<tr><td>Patient received incorrect directions</td><td>Patient received conflicting diagnoses</td><td>Patient given wrong test results</td></tr>
<tr><td>Staff did not communicate a ward change</td><td>Staff did not communicate care plan</td><td>Dementia patient discharged without the family being informed</td></tr>
<tr><td colspan="3">Respect and patient rights: Disrespect or violations of patient rights by staff
• Sub-categories: Disrespect; Confidentiality; Rights; Consent; Privacy.
• Keywords: “rude”, “attitude”, “humiliated”, “disrespectful”, “scared to ask”, “embarrassed”, “inappropriate”, “no consent”, “abused”, “assaulted”, “privacy”.</td></tr>
<tr><td>1. Low severity</td><td>2. Medium severity</td><td>3. High severity</td></tr>
<tr><td>Staff spoke in condescending manner</td><td>Rude behaviour</td><td>Humiliation in relation to incontinence</td></tr>
<tr><td>Private information divulged to the receptionist</td><td>Private information divulged to family members</td><td>Private information shared with members of the public</td></tr>
<tr><td>Staff member lost temper</td><td>Patient intimidated by staff member</td><td>Patient discriminated against</td></tr>
<tr><td>Unclear information for consent</td><td>Consent was obtained just prior to a procedure, giving no discussion time</td><td>Do-not-resuscitate decision without obtaining consent</td></tr>
<tr><td>Lack of privacy during discussion</td><td>Lack of privacy during examination</td><td>Patient experienced miscarriage without privacy</td></tr>
</table>

Section B: Specifying the stages of care complained about

The second stage in coding a healthcare complaint is the specification of the stages of care to which a patient's poor healthcare experience refers. **Only code stages when a problem category is identified within that stage of care**. Healthcare complaints can focus on a single event within one stage of care (eg, an operation), or to multiple events that occur across an entire institution. Within HCAT, five generic stages of care are identified (and a sixth "other" category). These stages have been drawn from research on patient "journeys" through healthcare systems [42, 43]. The stages of care are listed in table 4.

Table 4. Stages of care

1. Admissions:	This refers to when a patient arrives at healthcare unit, and is admitted to a unit or ward. For example, when initially receiving treatment at an accident and emergency unit, being referred to a clinician, or first arriving to receive care.
2. Examination and diagnosis:	This refers to when a patient is examined and diagnosed by clinical staff. For example, when being examined by an acute care ward, receiving a pre-operative diagnosis, or being assessed by a radiology team.
3. Care on the ward:	This refers to when patients are receiving clinical or nursing routine care (eg, food, water, washing, medication, wound dressing), being assessed and monitored by healthcare staff, and post-operative recovery.
4. Operation / procedures:	This refers to the operations and medical procedures performed on patients by healthcare staff. For example, when patients undergo surgery, give birth, receive emergency care, or undergo a routine procedure (eg, insertion of a tracheotomy).
5. Discharge / transfers:	This refers to patients being discharged from the healthcare unit. For example, when patients are discharged from hospital after a surgical procedure, or are transferred from an intensive care unit to a high dependency unit.
6. Unspecified or other	Where it is not possible to determine the stage of care, or it does not fit into the above categories

For the letter of healthcare complaint, indicate in SECTION B of the HCAT form (at the end of this document) which stages of care the problems identified in Section A referred to. All stages of care can be selected if the complaint refers to them all. In the case that it is not possible to determine the stage of care, please indicate "other".

Section C: Level of harm reported in the complaint

The third stage in coding a healthcare complaint is to specify the level of harm experienced and reported in the letter of complaint. Harm is rated on the National Reporting and Learning System [44] used in the UK to classify harm reported in critical incidents outlined in table 5.

Indicate in SECTION C of the HCAT form the level of harm experienced by patients. Assessments of harm should focus on the overall harm **caused to patients by the problems raised in the letter of complaint**. For example, if the patient dies, but the complaint is about dignity after death, then the harm relates only to the consequences of the lack of dignity.

It is important to note that harm is independent from problem severity. For example, a patient describing a severe safety problem (eg, a medication error) may not have experienced harm due to the error being identified.

Table 5. Patient harm

0. N/A	No information on harm is reported
1. Minimal harm	Minimal intervention or treatment required (eg, from a bruise or graze)
2. Minor harm	Minor intervention required to ameliorate harm (eg, from a sprain, anxiety)
3. Moderate harm	Significant intervention required to ameliorate harm (eg, from a grade 2-3 pressure ulcer, healthcare acquired infection)
4. Major harm	Patent experienced, or faces, long-term incapacity (eg, from a dislocation, fracture, haemolytic transfusion, wrong medication side effect, post-traumatic stress)
5. Catastrophic harm	Death or multiple/permanent injuries (eg, wrong-site surgery, paralysis, permanent or chronic mental health problems)

Section D: Descriptive details

The final stage in coding a healthcare complaint is to specify basic descriptive details in relation to the complaint. These are defined in table 6. Record these details in SECTION D of the HCAT form.

Table 6. Hospital complaint details

1. Who made the complaint?	Indicate whether the complaint was made by a patient, family member, lawyer, or other third-party
2. What is the gender of the patient?	Indicate whether the patient complaining (or being complained on the behalf of) is male or female
3. Which staff groups does the complaint refer to?	Report whether staffing group or groups complained about are Administrative, Healthcare assistants, Medical Staff, Nursing Staff, Pharmacists, Physiotherapists, or unspecified/other

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HEALTHCARE COMPLAINTS ANALYSIS TOOL (HCAT) CODING FORM

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 letter refers C. 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) Stages of Care**	**Tick relevant stages**
CLINICAL PROBLEMS Issues relating to quality and safety of clinical and nursing care provided by healthcare staff (ie, doctors, nurses, radiologists, and allied health professionals)	**Quality:** *Clinical standards of healthcare staff behaviour*		1. Admissions	
	Safety: *Errors, incidents, and staff competencies*		2. Examination & diagnosis	
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*		3. Care on the ward	
	Institutional Processes: *Problems in bureaucracy, waiting times, and accessing care*		4. Operation & procedures	
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*		5. Discharge & transfers	
	Communication: *Absent or incorrect communication from healthcare staff to patients*		6. Unspecified or other	
	Respect and patient rights: *Disrespect or violations of patient rights by staff*			
	Unspecified/other			

(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

THE LONDON SCHOOL
OF ECONOMICS AND
POLITICAL SCIENCE

Analysis tool for Health care complaints

Indhold

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Introduktion

Denne manual tilbyder instruktioner om hvordan *Healthcare Complaint Analysis Tool* (HCAT) anvendes til at analysere klager fra patienter og pårørende vedrørende dårlige oplevelser med sundhedsvæsenet. HCAT muliggør organisatorisk lydhørhed gennem systematisering i behandlingen af individuelle klager over sundhedsvæsenet, således at patientpåtale kan understøtte servicemonitorering og læring i organisationen.

Hvorfor analysere klager over sundhedsvæsenet?

Klager over sundhedsvæsenet skrives ofte med det formål at bidrage til forbedring af ydelser i sundhedsvæsenet. Men redskaber til at udnytte potentialet i denne indsigt har været begrænset. Vi ved dog at inddragelse af patientoplevelser har potentiale til at styrke kvaliteten og sikkerheden af sundhedsfaglige ydelser. For eksempel er det vist at mindre problemer og efterfølgende procedurer går forud for alvorligere utilsigtede hændelser og mere omfangsrige fejl i sundhedsfaglige ydelser. At identificere problemer af ringe sværhedsgrad er væsentlig for at sikre robustheden og sikkerheden i sundhedsvæsenet, og monitorering af patientoplevelser er endnu en måde til at afdække trusler mod patientsikkerheden. Mere specifikt kan det at analysere klager fra patienter og pårørende rettet mod sundhedsvæsenet ("klager over sundhedsvæsenet") potentielt være en anvendelig metode at tilgå sikkerhed og kvalitet i sundhedsvæsenet.

Sundhedsorganisationer kan lære af klagesager fordi patienter og pårørende er opmærksomme på og i stand til at identificere en række problemer i de sundhedsfaglige ydelser. Specielt producerer patienter og pårørende en enorm mængde data i det de observerer og evaluerer gennem alle interaktioner med sundhedsvæsenet. De har en unik adgang til information om kontinuitet i behandling og pleje, kommunikationsfejl, overgreb, og patient-centreret behandling og pleje. Patienter og pårørende er rimelige frie til at udtale sig om deres oplevelser, dette uden frygt for repressalier når først deres forløb er afsluttet. Fordi patienter og pårørende står uden for den sundhedsfaglige organisation, bidrager de med en uvildig vurdering af organisationen, som tager afsæt i de foranderlige normer og forventninger der er i samfundet.

Hvad er klager over sundhedsvæsenet?

"Klager over sundhedsvæsenet" refererer til et udtryk for beklagelse eller en tvist, typisk skrevet og kommunikeret gennem et brev, af patient eller pårørende over den sundhedsydelse de har modtaget. Klager i sundhedsvæsenet er typisk skrevet til en sundhedsfaglig organisation (eller en klageinstans) efter en tærskel for utilfredshed med pleje og/eller behandling er overskredet, de er typisk skrevet af patienter eller af pårørende på vegne af patienter, og er ofte skrevet med intention om at forbedre kvaliteten af sundhedstilbuddet i fremtiden. Selvom antallet af klager i sundhedsvæsenet sammenlignet med antallet af kontakter til sundhedsvæsenet er lavt, kan antallet af klager være ret substantielt. For eksempel modtager Styrelsen for Patientklager og Patienterstatningen årligt ca. 5.500 klagesager og ca. 11.000 erstatningssager. Klager kan fokusere på forskellige områder (for eksempel parkeringsforhold, ordinationsfejl), beskrive forskellige typer skader (for eksempel fysisk, følelsesmæssig), og have forskellige underliggende formål (for eksempel konfliktløsende, skabe forandring, forebygge fremtidige hændelser). Problemerne adresseret i en patientklage bliver ofte ikke identificeret af de traditionelle monitoreringssystemer (for eksempel systemer til rapportering af utilsigtede hæn-

delser, refleksive audits af enkeltsager), og de metoder der bruges til at undersøge patientklager er dårlige. Der er behov for et systematisk og stringent redskab til at analysere sundhedsfaglige klageskrifter.

Hvad er formålet med HCAT?

HCAT er det første standardiserede redskab til at analysere klager i sundhedsvæsenet på en stringent og konceptuelt meningsfuld måde. Det er også det første redskab som på en pålidelig måde kan vurdere problemstillingens alvorlighedsgrad. Redskabet er udviklet i fællesskab af dr. Alex Gillespie og dr. Tom Reader ved *London School of Economics and Science*. Redskabet er baseret på en empirisk udviklet og teoretisk funderet ramme gennem hvilken information i en klage over sundhedsvæsenet kan kodes og vurderes på pålidelig vis. HCAT er udviklet til at støtte sundhedsorganisationer og nationale eller internationale monitoreringsinstitutioner. Resultaterne fra HCAT kan bruges til: 1) systematisk at karakterisere de generelle og specifikke problemer rapporteret af patienter i en given sundhedsorganisation; 2) differentiere mellem organisationer som præsterer godt eller dårligt (for eksempel på baggrund af de rapporterede problemers alvorlighedsgrad); 3) identificere sundhedsorganisationer som har en særlig høj risikoprofil (for eksempel i tilfælde hvor patienter rapporterer alvorlige sikkerhedsproblemer); 4) understøtte læring og deling af information mellem organisationer, og; 5) levere longitudinel data om klagetrends (f.eks. til at afprøve effekten af en intervention for at forbedre patienters oplevelse).

HCAT er tilgængelig under en *Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International Licens.* Det er gratis for såvel klinikere og forskere at anvende. Support i varierende grad i brug af HCAT er tilgængelig, interesserede, kan kontakte dr. Alex Gillespie og dr. Tom Reader. For resultater af dansk forskning kan man kontakte Søren Birkeland (Soren.Birkeland@rsyd.dk).

Den danske oversættelse og tilpasning til danske forhold er foretaget af forskere ansat ved Open Patient data Explorative Network (OPEN) på Odense Universitetshospital og Syddansk Universitet. Oversættelse og testning af HCAT-dk er udført efter forskningsmæssig metodik og publiceret.

Overblik: HCAT

HCAT er et analyseredskab til kodning og vurdering af de problemer som patienter og pårørende eller deres advokater rejser i klagesager. Kategorierne og underkategorierne til analyse af klagesagerne er udviklet gennem en systematisk gennemgang af den videnskabelige/akademiske litteratur om patientklager, samarbejde med relevante specialister, dybdegående analyser af klager i sundhedsvæsenet, pilotstudier og reliabilitetstestning.

Kernen i HCAT er en kode taksonomi, som kan anvendes til at skelne mellem typerne af problemstillinger der rejses i klager i sundhedsvæsenet. Taksonomien består af et 3-delt hierarki af ”områder”, ”problemkategorier”, og eksempler på ”problemindikatorer” der dækker 36 underkategorier (for hvilke reliabilitetstesting fortsat er i gang). Tabel 1 viser kernen i kodetaksonomien. Gennem anvendelse af taksonomien, identificerer og koder analytikere de problemstillinger, som rapporteres af patienten i en patientklage. Derefter vurderer analytikerne alvorligheden af problemstillingerne rapporteret i patientklagen, identificerer hvor i forløbet problemerne forekom, og rapporterer graden af den patientoplevede skade.

Tabel 1. HCAT områder og definition af problemkategorier

Kliniske problemstillinger	
Problemer relateret til kvalitet og sikkerhed i behandling og pleje tilbudt af sundhedspersonale (f.eks. læger, sygeplejersker, radiologer og øvrigt sundhedspersonale)*	**Kvalitet:** Kliniske standarder for sundhedspersonalets adfærd
	Sikkerhed: Fejl, hændelser, og personalemæssige kompetencer

Ledelses- og serviceproblemstillinger	
Problemer relateret til omgivelser og organisation inden for hvilken sundhedsydelser leveres (hvor administrativt, teknisk og logistisk personale, samt ledelse normalt er ansvarlige)*	**Omgivelser:** Problemer med faciliteter, service, klinisk udstyr og normering
	Organisatoriske processer: Problemer med bureaukrati, ventetider, og adgang til ydelser

Relationelle problemstillinger	
Problemer relateret til givne medarbejderes opførsel over for patient eller pårørende*	**Lydhørhed:** Sundhedspersonalet ignorerer eller anerkender ikke information fra patienter
	Kommunikation: Manglende eller fejlagtig kommunikation fra sundhedspersonale til patient
	Respekt og patientrettigheder: Mangel på respekt eller overtrædelse af patientrettigheder fra personalets side

* For konkrete eksempler, se ”trin for trin guide” tabel A1 – A3

Hver af områderne og deres underliggende problemstillinger er konceptuelt forskelligartede: ”Kliniske problemstillinger” relaterer til litteraturen om menneskelige faktorer og sikkerhed; ”Ledelses- og serviceproblemstillinger” relaterer til litteratur om organisation og ledelse af sundhedsvæsenet, og; ”Relationelle problemstillinger” relaterer til litteratur om patient perspektiver herunder problemstillinger vedrørende kommunikation, værdighed, og patientrettigheder. Under hver kategori er der et antal underkategorier. Disse underkategorier kan bruges til at klassificere de specifikke typer af problemstillinger, som er identificeret inden for hver problemkategori (f.eks. for at understøtte læring i organisationen). Dog er alle disse underkategorier baseret på systematisk litteraturgennemgang og iterativ kodning og mangler fortsat at blive fastslået.

Hvem kan anvende HCAT?

HCAT er gratis at anvende. Det er udviklet til at blive brugt af klinisk personale (f.eks. sygeplejersker, læger), ikke-klinisk personale (f.eks. administrativt personale, patientvejledere) og sundhedsfaglige forskere (f.eks. psykologer, riskmanagere). HCAT er blevet testet for reliabilitet og nøjagtighed. Resultaterne viser at uddannede brugere, forudsat at de er blevet oplært ud fra denne HCAT manual og har øvet sig ud fra øvelsesklagebrevene, vil være i stand til at analysere klagebreve på en ensartet og konsistent måde.

Forud for anvendelsen af HCAT bør bedømmere:

- Forstå hvad en klage i sundhedsvæsenet er
- Forstå nytten og formålet med at analysere klagebreve
- Have kendskab til det 3-delte hierarki af ”domæner”, ”problemkategorier”, og ”indikatorer”

- Vide hvordan man anvender indikatorerne til at identificere en problemkategori og sværhedsgrad
- Forstå hvordan man anvender koderammen til at analysere et klagebrev
- Forstå hvad et "tidspunkt i forløbet" er, og hvordan det kodes
- Forstå betydningen af patientskade
- Gennemgå en kalibreringsøvelse hvori de bruger HCAT på forkodede patientklageeksempler (kontakt forfatterne for detaljer om træningen).

Generelle retningslinjer

Formålet med HCAT er at understøtte analysen og systematiseringen af information om typen af problemstillinger som patienter og pårørende oplever (som rapporteret i klagebreve).

Formålet med HCAT er ikke at: 1) vurdere sandheden af problemstillinger rejst af patienter; 2) detaljere de specifikke kliniske problemstillinger som patienter oplever; 3) fokusere på den enkelte sundhedsfaglige medarbejders kompetencer eller; 4) understøtte håndteringen af det enkelte klagebrev.

Når HCAT anvendes bør den rapporterede information tages for pålydende, og evalueres på en måde som ikke er fordømmende over for hverken patient eller det sundhedsfaglige personale. Fra patienters perspektiv reflekterer informationen i klagebrevet som oftest en stødende eller bekymrende oplevelse. Selvom man med HCAT bedømmer typen og alvorligheden af de oplevelser som patienten beskriver (i forhold til variationen af problemstillinger som der klages over), så dømmes den klagende parts intentioner ikke, og ej heller om de har ret til at klage eller hvilken vigtighed den klagende part tillægger de beskrevne problemstillinger (altså både klager af mild og høj alvorlighedsgrad kan bidrage med afgørende information om sikkerhedsrelaterede problemstillinger). Modsat kan klagebreve, netop fordi de er skrevet fra patienters perspektiv, kun give relativt lidt indsigt i det sundhedsfaglige personales perspektiv, som figurerer i klagen (f.eks. på det bredere systempres' indflydelse på deres opførelse), og således bliver individuelle medarbejderes opførsel ikke undersøgt.

Kodeprocessen bør være strengt empirisk, dvs. fokusere på de ord der faktisk er anvendt i klageskriftet (snarere end en ekstrapolering eller fortolkning). Centralt for brugbarheden af HCAT er, at det faktisk er reliabelt (dvs. at to personer vil kode det samme klageskrift ensartet). Denne reliabilitet er delvist opnået ved at kræve at bedømmere fokuserer på teksten i det givne klageskrift (og ikke dømmer eller drager slutninger). For at understøtte, at man er tekstnær bør bedømmere være fortrolige med de typer af ord, som indikerer de overordnede problemkategorier (som vist nedenfor).

En trin-for-trin guide

Dataindtastning for HCAT er mest passende gjort ved hjælp af computer, men kan også gøres med papir og blyant. I den følgende guide antages det for nemheds skyld, at skemaet til sidst i dokumentet anvendes i papirformat.

At kode en klage i sundhedsvæsenet med HCAT involverer 4 faser (A-D), som hver især er beskrevet i sektionerne nedenfor (se tabel 2 for opsummering).

Tabel 2. Fire faser til kodning af en klage over sundhedsvæsenet

A. **Identificering af hvilke problemkategorier (og hvis nødvendigt underkategorier) der forefindes i klagebrevet ved at bruge kodetaksonomien og vurdering af problemstillingernes alvorlighedsgrad**
B. **Specificering af tidspunkt/er i forløbet hvor problemstillingerne opstod**
C. **Indikation af graden af skade der opstod som følge af de/t rapporterede problem/er**
D. **Tilføj beskrivende information om klagebrevet**

Afsnit A: Identificering af problemstillinger og vurdering af alvorlighedsgrad

Første del af at kode en klage over sundhedsvæsenet med HCAT er identificering af de problemstillinger et klagebrev indeholder, og en vurdering af problemstillingernes alvorlighedsgrad. Kodetaksonomien for klager over sundhedsvæsenet afdækker 3 forskellige domæner (kliniske-, ledelse- og service-, samt relationelle problemstillinger), som omfatter 7 problemkategorier og 36 underkategorier.

For at understøtte identifikationen af problemstillinger i en klage i sundhedsvæsenet er indikatoreksempler udviklet for hver problemkategori. Disse er udspecificeret i figur A1-A3 på de følgende sider, og skal bruges til at guide: 1) Identifikationen af problemkategorier i et klagebrev, og: 2) Vurderingen af alvorlighedsgrad af problemet.

Vurderingen af alvorlighedsgrad bør være uafhængig af udfald (dvs. skade). Vurderingen af alvorlighedsgrad er ikke sammenlignelig på tværs af problemkategorier. Derimod bør vurderingen af alvorlighedsgrad snarere være baseret på indikatorerne nævnt på de følgende sider. Disse indikatorer for alvorlighedsgrad, som er baseret på de 36 underkategorier, blev udviklet gennem iterativ kodning af en engelsk national stikprøve af klager i sundhedsvæsenet (n=1081), som indebar en indeksering af alvorlighedsgraden for hver problemkategori og derved identificerede fordelingen af sværhedsgrad inden for hver problemkategori og underkategori.

For at analysere en klage i sundhedsvæsenet tages følgende skridt:

1. Læs klagebrevet igennem uden at kode noget.
2. Ved anden gennemlæsning, identificeres problemkategori (og, hvis nødvendigt, underkategori) indeholdt i klageskriftet ved at benytte definitionerne af problemstillinger og nøgleord.
3. For hver identificeret problemkategori, bruges indikatorerne for alvorlighedsgrad i figur A1-A3 til at bestemme alvorlighedsgraden. Indikatorerne er eksempler på (1) mindre alvorlige- (2) alvorlige- og (3) meget alvorlige problemer inden for hver kategori

   i. Hvis en problemkategori ikke kan identificeres og ikke tildeles en

alvorlighedsgrad, bliver det automatisk kodet som 0.

ii. Hvis én problemkategori er tilstede med flere alvorlighedsgrader, er det kun den højeste alvorlighedsgrad der noteres.

iii. Hvis en hændelse (f.eks. komplikation til kirurgi) relaterer til flere problemkategorier (f.eks. sikkerhed og kommunikation), kodes alle relevante problemkategorier.

iv. Skulle yderligere analyser være nødvendige kan problemkategorierne også kodes i de underkategorier de består af. Selvom hver underkategori har en indikator for hver alvorlighedsgrad, er reliabiliteten af kodning ned i denne detaljegrad endnu ikke fastslået.

4. Brug SEKTION A på HCAT skemaet sidst i denne manual til at notere problemstilling og kodning af alvorlighedsgrad.

A1. Kliniske problemstillinger. Problemer vedrørende kvalitet og sikkerhed i behandling og pleje tilbudt af sundhedspersonale (f.eks. læger, sygeplejersker, røntgen- og øvrigt sundhedspersonale)

<table>
<tr><td colspan="3">Kvalitet: Kliniske standarder for sundhedspersonalets adfærd
• Underkategorier: Forsømmelse – Hygiejne og personlig pleje; Forsømmelse – Ernæring og hydrering; Forsømmelse – generelt; Grov håndtering og ubehag; Undersøgelse og monitorering; Udarbejdelse og opfølgning på behandlingsplan; Behandlingsresultat og bivirkninger.
• Nøgleord: “ikke tilbudt”, “blev ikke gjort”, “fulgte ikke retningslinjer”, “ringe standard”, “burde have gjort”, “ikke fuldført”, “uacceptabel kvalitet”, “ikke succesfuldt”.</td></tr>
<tr><td>1. Mindre alvorligt</td><td>2. Alvorligt</td><td>3. Meget alvorligt</td></tr>
<tr><td>Forsinkelse i skift af beskidt sengelinned</td><td>Patient iklædt beskidt tøj</td><td>Patient efterladt i egen urin/afføring i seng</td></tr>
<tr><td>Enkeltstående tilfælde af mangel på mad og drikkelse</td><td>Intet at spise eller drikke i et døgn</td><td>Patient dehydreret/fejlernæret</td></tr>
<tr><td>Sår ikke forbundet adækvat</td><td>Væskende sår ignoreret</td><td>Inficeret sår ikke tilset</td></tr>
<tr><td>Grov håndtering af patient</td><td>Patient kortvarigt uden smertestillende</td><td>Tvangsfodring af spædbarn, resulterende i opkastning</td></tr>
<tr><td>Patientmonitorering forsinket</td><td>Patient ikke monitoreret tilstrækkeligt</td><td>Udskrevet uden tilstrækkelig undersøgelse</td></tr>
<tr><td>Patient ikke involveret i behandlingsplan</td><td>Aspekter af behandlingsplanen overset</td><td>Manglende reaktion på advarsler i patientjournal</td></tr>
<tr><td>Patient fik noget uventet arvævsdannelse</td><td>Re-operation påkrævet</td><td>Patient fik uventet funktionsnedsættelse</td></tr>
<tr><td colspan="3">Sikkerhed: Fejl, hændelser og personalemæssige kompetencer
• Underkategorier: Fejl - diagnose; Fejl - medicinering; Fejl - generelt; Manglende reaktion; Klinikerens færdigheder; Samarbejde.
• Nøgleord: “ukorrekt”, “medicineringsfejl”, “bemærkede ikke”, “fejltagelse”, “undlod at handle”, “forkert”, “dårlig koordinering”, “vidste ikke”, “overså”, “diagnose”.</td></tr>
<tr><td>1. Mindre alvorligt</td><td>2. Alvorligt</td><td>3. Meget alvorligt</td></tr>
<tr><td>Kort forsinkelse i diagnosticering</td><td>Læge fejldiagnosticerede et brud</td><td>Læge fejldiagnosticerede kritisk sygdom</td></tr>
<tr><td>Kort forsinkelse i medicin administration</td><td>Personale glemte at give medicin</td><td>Udlevering af ukorrekt medicin</td></tr>
<tr><td>Mindre fejl i journalføring af patientudvikling</td><td>Forsinkelse i at opdage forværring af tilstand hos patient</td><td>Begyndende sepsis blev ikke opsporet</td></tr>
<tr><td>Manglende reaktion på klokke (enkelt gang)</td><td>Manglende reaktion på klokke (gentagne gange)</td><td>Manglende reaktion ved hjertestop</td></tr>
<tr><td>En mindre fejl i journalføring</td><td>Læge overså information (f.eks. tidligere tilfælde af sygdom)</td><td>Læge overså kritisk information (f.eks. alvorlig medicinallergi)</td></tr>
<tr><td>Mindre misforståelser mellem læger</td><td>Prøvesvar ikke videregivet til læger</td><td>Manglende koordination af tidskritiske beslutninger</td></tr>
</table>

A2. Ledelses- og serviceproblemstillinger. Problemer vedrørende omgivelser og organisation inden for hvilken sundhedsydelser leveres (hvor administrativt, teknisk og logistisk personale, samt ledelse normalt er ansvarlige)

Omgivelser: Problemer med faciliteter, service, klinisk udstyr og bemandingen • Underkategorier: Indkvartering; Forberedt; Rengøring på afdelingen; Udstyr; Bemanding; Sikkerhed. • Nøgleord: "ikke tilgængeligt", "lukket", "ikke nok", "beskidt", "mangel på", "i stykker", "dårligt udstyr", "snavset", "brugt før", "dårligt skiltet".		
1. Mindre alvorligt	**2. Alvorligt**	**3.Meget alvorligt**
Larm på afdelingen	Patienten frøs og oplevede ubehag	Lopper, sengelus og skadedyr
Patientens seng var ikke klar ved ankomst	Patient placeret i seng på gangen	Patient flyttet pga. mangel på sengepladser
Snavs og cigaretskodder lå på gulvet	Blodpletter på badeværelset	Stoppede toiletter, afføring på gulvet
Parkometer ude af drift	IT system kortvarigt ude af drift	Funktionsfejl på medicinsk udstyr
Jordemoder blev kaldt fra stuen gentagne gange	Speciallæge ikke tilgængelig	Alvorlig personalemangel
Skænderi mellem patienter	En patient forulemper en anden patient	Patient overfaldet af en anden patient
Patient potentielt udsat for risiko for hospitalserhvervet infektion	Patient udsat for behandlingskrævende hospitalserhvervet infektion	Patient udsat for behandlingskrævende hospitalserhvervet infektion med længerevarende sygdomsforløb til følge
Organisatoriske processer: Problemer med bureaukrati, ventetider, og adgang til ydelser • Underkategorier: Forsinkelse – tilgængelighed; Forsinkelse – procedurer; Forsinkelse – generelt; Bureaukrati; Besøg; Dokumentation. • Nøgleord: "forsinket", "udsat", "aflyst", "blevet væk", "ikke indlagt", "bureaukrati", "ikke henvist", "ombyttede journaler", "mere papirarbejde", "vidste ikke jeg var der".		
1. Mindre alvorligt	**2. Alvorligt**	**3. Meget alvorligt**
Svært at få telefonisk kontakt til hospitalet	Ventede i akutmodtagelsen i timevis	Manglende adgang til speciallæge
Forsinkelse af ikke-akut medicinsk procedure	Forsinkelse af medicinsk procedure	Forsinkelse af akut medicinsk procedure
Opringninger ikke besvaret	Klage ikke besvaret	Nødopkald ikke besvaret
Aftale aflyst og rykket	Gentagne henvendelser til afdelinger for at få en aftale	Afdeling nægter at give aftale
Uklare besøgstider	Besøg ikke muligt	Ikke muligt for pårørende at besøge døende patient
Patientjournal ikke tilgængelig ved konsultation	Patientjournal midlertidigt bortkommet	Forkert patientjournal brugt ved konsultation

A3. Relationelle problemstillinger. Problemer vedrørende enkelte medarbejderes opførsel over for patient eller pårørende

Lydhørhed: Sundhedspersonalet ignorerer eller anerkender ikke oplysninger fra patienter og pårørende
• Underkategorier: Ignorerer patienter; Afviser patienter; Påtaget lydhørhed
• Nøgleord: "Jeg sagde", "Jeg fortalte", "ignoreret", "så bort fra", "kæmpede for at blive hørt", "ikke anerkendt", "udelukket", "uinteresseret" og "ikke taget alvorlig".

1. Mindre alvorligt	2. Alvorligt	3. Meget alvorligt
Personale ignorerede spørgsmål	Personale ignorerede patients lette smerter	Personale ignorerede alvorlig patienttilstand
Patientens diætpræferencer blev overhørt	Oplysninger fra patienten blev overhørt	Afgørende oplysninger fra patienten eller pårørende blev gentagne gange overhørt
Spørgsmål anerkendt, men ikke besvaret	Patientens eller pårørendes bekymringer anerkendt, men ikke adresseret	Patientens smerter anerkendt, men ikke fulgt op med smertestillende medicin

Kommunikation: Manglende eller fejlagtig kommunikation fra sundhedspersonale til patient/pårørende.
Underkategorier: Forsinket information; Fejlagtig information; Manglende kommunikation
Nøgle ord: "ingen sagde"; "jeg blev ikke informeret"; "han/hun sagde "; "de fortalte mig"; "ingen forklarede"; "selvmodsigende"; "ubesvarede spørgsmål"; "forvirret"; "fejlagtigt".

1. Mindre alvorligt	2. Alvorligt	3. Meget alvorligt
Kort forsinkelse på formidling af testresultater	Lang forsinkelse på formidling af testresultater	Akutte testresultater blev forsinket
Patient eller pårørende modtog forkerte anvisninger	Patient modtog modstridende diagnoser	Patient modtog forkerte testresultater
Personale informerede ikke om overflytning	Personale informerede ikke om behandlingsplan	Dement patient blev udskrevet uden at informere pårørende
Mangelfuld information til pårørende trods aftale om dette.	Møde rykket så pårørende ikke modtog information trods aftale om dette.	Manglende tilstedeværelse af på-rørende ved information om kri-tisk sygdom trods aftale herom

Respekt og patientrettigheder: Mangel på respekt eller overtrædelse af patientrettigheder fra personalets side.
Underkategorier: Mangel på respekt, Fortrolighed, Rettigheder, Samtykke, Privatliv.
Nøgleord: "grov", "uforskammet", " dårlig indstilling", "ydmyget", "mangel på respekt", "respektløshed", "upassende", " bange for at spørge", "flov", "intet samtykke", "manglende samtykke", " overfuset", "skældt ud", "misbrugt(e)", "overfaldet", "angreb", "truet", "uforstyrret", "privatliv".

1. Mindre alvorligt	2. Alvorligt	3. Meget alvorligt
Personalet talte nedladende	Ubehøvlet opførelse	Ydmygelse i forbindelse med inkontinens
Fortrolig information videregivet til receptionist	Fortrolig information videregivet til pårørende	Fortrolig information videregivet til offentligheden
Personale mistede besindelsen	Patient eller pårørende intimideret af personale	Patient eller pårørende blev diskrimineret imod
Uklar information ift. samtykke	Samtykke blev givet lige før procedure, der ikke gav tid til overvejelser	Beslutning om ikke at genoplive taget uden samtykke
Mangel på privatliv ifm. samtale	Mangel på privatliv ifm. under-søgelse	Patient oplevede mangel på privatliv under abort

Afsnit B: Angivelse af, hvor i forløbet klagebrevet henviser til

Anden del i kodningen af klager i sundhedsvæsenet er specifikationen af de tidspunkter for behandling og pleje, som en patients dårlige oplevelse af sundhedsvæsenet henviser til. Et tidspunkt skal kun kodes hvis der identificeres en problemkategori tilhørende det givne tidspunkt. Klager over sundhedsvæsenet kan fokusere på en enkelt begivenhed inden for et givent tidspunkt i forløbet (f.eks. en operation) eller på flere begivenheder, der opstår på tværs af en hel organisation. Inden for HCAT identificeres fem generiske tidspunkter i forløbet (og en sjette "anden" kategori). Disse tidspunkter er defineret ud fra forskning på patienters "rejse" gennem sundhedsvæsenet [42, 43]. Tidspunkterne er anført i tabel 4.

Tabel 4. Hvornår i forløbet

1. Indlæggelse/henvendelse	Dette vedrører patientens henvendelse til en hospitalsenhed og indlæggelse på en afdeling eller et afsnit. For eksempel, når man første gang modtages til behandling ved en akutmodtagelse, henvises til en læge eller ankommer for at modtage behandling.
2. Undersøgelse og Diagnose	Dette vedrører patientens undersøgelse og diagnostik ved klinisk personale. F.eks. når man undersøges i akutmodtagelsen, får en præoperativ diagnose eller vurderes af det radiologiske team.
3. Behandling og Pleje på afdelingen	Dette vedrører patienters modtagelse af rutinemæssig behandling eller pleje (f.eks. mad, vand, vask, medicin, sårpleje), vurdering og overvågning ved sundhedspersonale og får postoperativ pleje.
4. Operation og procedurer	Dette vedrører de operationer og medicinske procedurer, der udføres på patienter af sundhedspersonalet. For eksempel, når patienter gennemgår kirurgi, føder, modtager akut behandling eller rutinemæssige procedurer (f.eks. anlæggelse af tracheostomi).
5. Udskrivelse og overflyttelser	Dette vedrører patienter, der udskrives fra en hospitalsenhed. For eksempel når patienter udskrives fra hospitalet efter en kirurgisk procedure eller overføres fra en intensiv afdeling til en specialiseret afdeling.
6. Uspecificeret eller andet	Hvor det ikke er muligt at bestemme hvornår i forløbet, eller hvor det ikke passer ind i ovennævnte kategorier

For klagebrevet angiver du i afsnit B i HCAT-formularen (i slutningen af dette dokument), hvornår i forløbet, de problemer, der er identificeret i afsnit A, refererer til. Alle tidspunkter kan vælges, hvis klagen omhandler dem alle. I tilfælde af at det ikke er muligt at bestemme tidspunktet, bedes du angive "anden".

Afsnit C: Skadesgrad beskrevet i klagen

Den tredje del af kodning af en klage over sundhedsvæsenet er at angive graden af den skade, der er oplevet og beskrevet i klagebrevet. Skade er vurderet ift. det nationale rapporterings- og læringssystem [44], der bruges i Storbritannien til at klassificere skade rapporteret ved kritiske hændelser, og beskrevet i tabel 5.

Angiv i afsnit C i HCAT formularen den skadesgrad, som patienten eller pårørende oplever. Vurdering af skade skal fokusere på den generelle skade forvoldt mod patienten/klageren af de problemer, der er beskrevet i klagebrevet. For eksempel, hvis patienten dør, men klagen handler om værdighed efter døden, så vedrører skaden kun konsekvenserne af manglen på værdighed.

Det er vigtigt at bemærke, at skadesgrad er uafhængig af problemets alvorlighed. For eksempel har en patient, der beskriver et alvorligt sikkerhedsproblem (f.eks. en medicinfejl), ikke nødvendigvis lidt nogen skade fordi fejlen blev opdaget.

Tabel 5. Patientskade

0. Ikke anvendelig eller uoplyst	Der rapporteres ingen oplysninger om skade
1. Ubetydelig skade	Minimal behandling eller intervention er påkrævet (f.eks. blåt mærke, skramme, frustration eller vrede)
2. Mindre skade	Mindre behandling kræves for at lindre skaden (f.eks. forstuvning, angst)
3. Moderat skade	Betydelig behandling kræves for at lindre skaden (f.eks. et grad 2-3 tryksår, hospitalserhvervet infektion, re-operation)
4. Betydelig skade	Patienten har oplevet eller kan forvente længerevarende nedsat funktionsevne (f.eks. dislokation, brud, operationskomplikation, hæmalytisk transfusionsreaktion, medicinbivirkning, posttraumatisk stress)
5. Katastrofal skade	Død eller flere/permanente skader (f.eks. kirurgi på forkert sted, lammelse, permanente eller kroniske psykiske mén)

Afsnit D: Angiv yderligere oplysninger vedrørende klagen

Den sidste del af kodning af en klage over sundhedsvæsenet er at beskrive faktuelle oplysninger vedrørende klagen. Disse er defineret i tabel 6. Registrer disse oplysninger i afsnit D på HCAT-formularen.

Tabel 6. Yderligere oplysninger vedrørende klagen.

1. Hvem har indgivet klagen?	Angiv om klagen er indgivet af patient, pårørende, advokat eller tredjepart
2. Patientens køn?	Angiv om patienten, der klager (eller klages på vegne af), er mand eller kvinde
3. Hvilken/hvilke personalegruppe(r) omhandler klagen?	Angiv om den personalegruppe eller -grupper, der klages over, er administrativt personale, social- og sundhedsassistenter, læger, sygeplejepersonale, farmaceuter, fysioterapeuter eller uspecificeret / andet

Kodningsark

<table>
<tr><td colspan="4">Instruktion
A. Brug manualen til at identificere sværhedsgraden af hver problemkategori (fra 0, fremgår ikke, til 3, meget alvorligt)
B. Angiv venligst hvor i forløbet, klagebrevet henviser til
C. Kategorisér graden af skade som patienterne oplever
D. Angiv yderligere beskrivende oplysninger vedrørende klagen</td><td>Reference nummer</td></tr>
<tr><td>A) Område</td><td>Kategori</td><td>Alvors-grad (0-3)</td><td>(B) Hvor i forløbet</td><td>Markér hvor i forløbet</td></tr>
<tr><td rowspan="2">Kliniske problemstillinger
Problemer vedrørende kvalitet og sikkerhed i behandling og pleje tilbudt af sundhedspersonale (f.eks. læger, sygeplejersker, røntgen- og øvrigt sundheds-personale)</td><td>Kvalitet:
Kliniske standarder for sundhedspersonalets adfærd</td><td></td><td>1. Indlæggelse/ henvendelse</td><td></td></tr>
<tr><td>Sikkerhed:
Fejl, hændelser og personale-mæssige kompetencer</td><td></td><td>2. Undersøgelse og diagnose</td><td></td></tr>
<tr><td rowspan="2">Ledelses- og serviceproblemstillinger
Problemer vedrørende omgivelser og organisation inden for hvilken sundhedsydelser leveres (hvor administrativt, teknisk og logistisk personale, samt ledelse normalt er ansvarlige)</td><td>Omgivelser:
Problemer med faciliteter, service, klinisk udstyr og be-mandingen</td><td></td><td>3. Behandling og pleje på afdelingen</td><td></td></tr>
<tr><td>Organisatoriske processer:
Problemer med bureaukrati, ventetider, og adgang til ydelser</td><td></td><td>4. Operation og procedurer</td><td></td></tr>
<tr><td rowspan="3">Relationelle problemstillinger
Problemer vedrørende enkelte medarbejderes opførsel over for patient eller pårørende</td><td>Lydhørhed:
Sundhedspersonalet ignorerer eller anerkender ikke oplysninger fra patienter</td><td></td><td>5. Udskrivelse og overflyttelser</td><td></td></tr>
<tr><td>Kommunikation:
Manglende eller fejlagtig kommunikation fra sundhedspersonale til patient</td><td></td><td>6. Uspecificeret eller andet</td><td></td></tr>
<tr><td>Respekt og patientrettigheder:
Mangel på respekt eller over-trædelse af patentrettigheder fra personalets side</td><td></td><td></td><td></td></tr>
<tr><td></td><td>Uspecificeret/andet</td><td></td><td></td><td></td></tr>
<tr><td>C) Angiv graden af den patient rapporterede skade
(1) Ubetydelig til (5) Katastrofal (skriv 0 for ikke anvendelig eller uoplyst)

=</td><td colspan="4">(D) Angiv yderligere oplysninger om:
1. Hvem har indgivet klagen?
□ Pårørende □ Patient □ Ukendt/andre
2. Patientens køn?
□ Kvinde □ Mand □ Ukendt/andet
3. Hvilken / hvilke personalegruppe(r) omhandler klagen?
□ Administrativt personale □ Læger □ Plejepersonale □ Ukendt/andre</td></tr>
</table>

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Appendix 2. Suggested locations in the HCAT classification for a new problem of 'hospital-acquired infection'.		
A1 Clinical problems[a]		
Location could be either 'Quality' or 'Safety'[b]		
1. Low severity[c]	**2. Medium severity[c]**	**3. High severityc**
The patient experienced one episode of poor hand hygiene by staff , potentially exposing the patient to a hospital-acquired infection [Da; Patienten oplevede ved et enkelt tilfælde dårlig håndhygiejne hos personalet, med risiko for eksponering for hospitalserhvervet infektion]	The patient experienced several episodes of poor hand hygiene by staff, and was exposing the patient to a hospital-acquired infection, but it did not prolong recovery [Da; Patienten oplevede flere gange dårlig håndhygiejne hos personalet og blev derfor udsat for behandlingskrævende hospitalserhvervet infektion]	The patient experienced a hospital-acquired infection that required treatment and considerably prolonged the recovery [Da; Patienten oplevede flere gange dårlig håndhygiejne hos personalet og blev udsat for behandlingskrævende hospitalserhvervet infektion med længerevarende sygdomsforløb til følge]
A2 Management problems[a]		
Location could be 'Environment'[b]		
1. Low severity[c]	**2. Medium severity[c]**	**3. High severity[c]**
The patient experienced poor ward hygiene during admission, potentially exposing the patient to a hospital-acquired infection [Da; Patienten oplevede dårlig hygiejne på afdelingen, med risiko for eksponering for hospitalserhvervet infektion]	The patient experienced a hospital-acquired infection that required treatment but it did not prolong recovery [Da; Patient udsat for behandlingskrævende hospitalserhvervet infektion]	The patient experienced a hospital-acquired infection that required treatment and considerably prolonged the recovery [Da; Patient udsat for behandlingskrævende hospitalserhvervet infektion med længerevarende sygdomsforløb til følge]

[a] Main domains in the HCAT, [b] Problem areas within a certain domain, [c] Each problem area is divided into sub-categories in which there are severity categories ranging from 1-3

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Supplementary Reference

1. 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): 937-946.