

## Chapter 5

### Conclusions, Discussions, and Recommendations

#### Conclusions

##### 1. The current status of complaint management in hospitals

At present, the study of the medical institutions in the region of the volume of complaints for the monthly average of about 160 cases, 2019-2022 to receive the volume of about 2,000 cases, involving major medical institutions, each medical institution has set up a special complaint's agency, configured to deal with the person in charge of the business leaders, the complaint process is clear, the organizational structure has been established maturely. However, there is no clear regulation on the establishment of departments and the number of responsible personnel in each department, and the complaint departments of each medical institution are all engaged in daily dispute handling, and have not explored and researched the summary, sorting out, and how to improve and perfect the work. After checking the cases in the past four years, the most frequent complaints are those arising from the hospital's treatment environment, cases of health damage caused by treatment, and excessive costs, among which quarrels caused by parking in the hospital and medical disputes caused by medical beauty have received complaints every week. The research findings conclude the current status of complaint management in hospitals, as presented in Table 5.1.

Hospital complaint management involves three key components: organization, process, and execution. The current system is structured, but it faces challenges such as complexity, delays, lack of cooperation, and underutilization of complaint data. Addressing these issues is crucial for improving patient satisfaction and healthcare quality.

The hospital has a structured complaint management system in place, but faces challenges in streamlining processes, ensuring timely handling, and utilizing complaint data for quality improvement. Solving these problems is crucial for enhancing the overall effectiveness of complaint management in the hospital.

**Table 5.1** Current status of complaint management in hospitals

| Complaint Management Organization   | Complaint Handling Process   | Complaint Handling Execution   | Existing Problems   |
|---|--|--|---|
| <ul style="list-style-type: none"> <li>● The hospital assigns the secretary of the hospital to oversee complaint management.</li> <li>● The hospital's discipline inspection and supervision office is responsible for daily complaint supervision and coordination.</li> <li>● Complaints are categorized by the department that responsible for handling them, with designated personnel for reception and resolution.</li> <li>● The hospital follows relevant laws and regulations when dealing with patient complaints.</li> </ul> | <ul style="list-style-type: none"> <li>● Complaints are initially received and directed to the relevant department for resolution.</li> <li>● On-duty staff handle complaints during weekends, holidays, and nights. Investigations are conducted, and responsibilities are assigned based on the facts.</li> <li>● Complex or serious complaints are reported to hospital leadership and supervisory departments for review.</li> <li>● Complaints are resolved promptly, and feedback is provided to complainants. Handling time frames vary depending on the complexity of the case.</li> <li>● A review mechanism is in place to ensure the quality of complaint handling.<br/>An electronic system is used for tracking and managing complaints.</li> </ul> | <ul style="list-style-type: none"> <li>● Specific departments are responsible for handling complaints related to different aspects of healthcare.</li> <li>● The Discipline Inspection and Supervision Office handles complaints related to ethics and discipline violations.</li> <li>● Various departments handle complaints related to their respective areas.</li> <li>● Complaint handling is carried out within defined time frames.</li> <li>● A review process involves department heads and hospital leadership.</li> <li>● An electronic system is used to manage complaint data.</li> </ul> | <ul style="list-style-type: none"> <li>● The complaint handling process is complex and can lead to patient dissatisfaction.</li> <li>● Verification and confirmation of complaint information can be delayed.</li> <li>● Some staff members in departments may not cooperate with complaint handling.</li> <li>● Workload and staffing issues can lead to delays in handling serious complaints.</li> <li>● The hospital's complaint platform needs improvement for efficiency.</li> <li>● The analysis of complaint data for quality improvement is lacking.</li> <li>● Medical complaints can lead to negative public opinion and interference with hospital operations.</li> </ul> |

## 2. The quality of health care services in the general hospitals based on patient complaints on the online platform between January 2019 and December 31, 2022.

The research study focuses on assessing the quality of healthcare services in general hospitals based on patient complaints. From 2019 to 2022, the number of complaints in the region's general hospitals were 445, 288 (6 cases of epidemic), 497 (35 cases of epidemic), 1030 (489 cases of epidemic) Overall, there is an upward trend, excluding the complaints generated by the epidemic nucleic acid testing, the region's complaints tend to stabilize on the rise.

According to the government departments in February this year announced the "2021 discharge patient satisfaction survey results Feedback" of 12 general hospitals in the region, the third-party satisfaction survey covered the overall hospital service satisfaction, nursing staff service attitude satisfaction, doctor treatment process satisfaction, doctor-patient communication satisfaction and other 10 indicators. The region's comprehensive average satisfaction in 2021 was 87.2 percent, down 6.4 percent compared with last year.

The complaint process and organizational structure in this area are perfect, and the government and medical institutions have made good efforts to publicize the complaints to the citizens. On the one hand, the government's livelihood promotion is well known to the general public, the management department is more strict when giving feedback, the response is reasonable and based, the citizens' demands are answered one by one, each citizen's demands will be contacted and explained, and there is a limited reply period, efficient completion rate, high satisfaction rate, convenience and many other advantages make patients and families prefer to complain to their superiors.

The study identifies several key findings and trends related to patient complaints in these hospitals in order to reflect the quality of health care services in the general hospitals, as shown in Table 5.2.

**Table 5.2** The quality of health care services in the general hospitals based on patient complaints on the online platform

| Key findings   |  |  |
|--|--|--|
| The existing medical complaint management lacks the effective use of the complaint data and improves the service quality | Over the past four years, there has been a significant increase in the number of complaints, especially as a result of public health emergencies (the new crown epidemic), most of which were in the area of "administration". | Doctors are the largest group of complainants, along with various other staff. |
| Many complaints report no injuries, including those related to the COVID-19 pandemic.                                    | Processing times for complaints vary, with clinical issues taking longer.  | Resolution rates differ across hospital departments.                           |

The study highlights deficiencies in the existing medical complaint management system within the hospital, emphasizing shortcomings in terms of intelligence, humanization, and practicality. These issues are attributed to factors such as human resources, hospital infrastructure, and other organizational reasons.

In the context of complaint incidence, the study reveals that the number of complaints received annually over a four-year period (2019-2022) totaled 440 during this time frame, and complaints increased significantly over the years. When considering complaints in different areas, this research categorizes complaints into different areas, with the highest number of complaints occurring in the "management" field (40.9%), followed by "other fields" (33.6%). The clinical field and the doctor-patient relationship field also received complaints, albeit to a lesser extent. This was partly due to the impact of the epidemic. The study noted that the proportion of complaints related to the epidemic increased significantly in 2021 and 2022, suggesting that the COVID-19 pandemic had a noticeable impact on patient complaints. Regarding complainant characteristics, the research provides insights into the characteristics of complainants, including gender and occupation. It reveals that both male and female complainants are represented, with doctors constituting the largest group of complainants (38.6%). Complaints also come from various other staff categories within the hospital. In terms of occupational distribution, the study finds that doctors and administrative staff are more likely to be complainants.

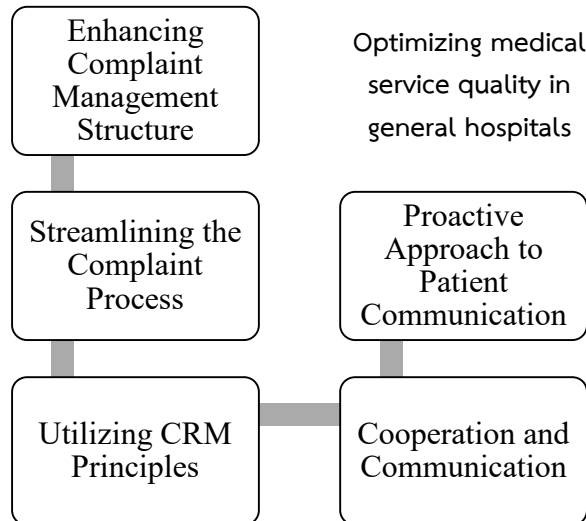
Regarding the degree of patient injury, the research summarizes the degree of injury reported in complaints, indicating that a significant proportion of complaints

report no injuries (0 degree). These complaints stem from various categories, including medical errors, poor service attitudes, high costs, and more. Notably, complaints related to "epidemic causes" represent a substantial portion (29.5%) of the total complaints. In the context of handling time, the research analyzes the time taken to process complaints and identifies variations among different fields, with the clinical field having a longer processing time. Furthermore, the research examines the relationship between processing results, complainant-patient relationships, and hospital departments, which indicates that the results varied across departments, with non-surgical departments having higher resolution rates.

### **3. Guidelines for optimizing medical service quality in general hospitals by utilizing the concept of customer relationship management to respond to patient complaints.**

In today's healthcare field, effective management of patient complaints is critical for maintaining high-quality medical services and patient satisfaction. By adopting Customer Relationship Management (CRM) principles, hospitals can transform their approach to complaint management. The guidelines for optimizing medical service quality in general hospitals, utilizing the concept of customer relationship management to respond to patient complaints, are summarized in Figure 5.1.

Enhancing the complaint management structure involves formalizing complaint departments and specifying staffing requirements to ensure clear responsibilities and efficient handling of complaints. Streamlining the complaint management structure is crucial for effectively solving patient complaints. As for streamlining the complaint process, it entails establishing standardized procedures for receiving, categorizing, and resolving complaints. Prioritizing the timely escalation of complex issues and considering electronic systems for effective tracking and management are essential steps.



**Figure 5.1** The guidelines for optimizing medical service quality in general hospitals

The key lies in utilizing Customer Relationship Management (CRM) principles, which necessitates the implementation of CRM software to efficiently manage patient interactions and complaints. Categorizing complaints, tracking progress, and analyzing data for quality improvement are integral components. Embracing a structured approach to handling complaints is imperative. In this regard, it is essential to adopt a proactive approach to patient communication by soliciting regular feedback from patients and addressing their concerns promptly. Implementing open communication channels, fostering a culture of proactive issue identification, and prioritizing timely responses are crucial. The cooperation and communication among staff in various departments are pivotal factors for success, necessitating the encouragement of collaboration among hospital departments to optimize complaint resolution. Establishing clear protocols, conducting interdepartmental meetings, and providing training in effective communication and conflict resolution are essential.

By adhering to these guidelines, general hospitals can enhance the quality of medical services, improve patient satisfaction, and foster strong relationships with patients, ultimately strengthening their position in the healthcare industry.

## Discussions

### 1. Discussions of current status of complaint management in hospitals

The research findings reveal significant insights into the current state of complaint management within hospitals. This section will discuss the key findings and their implications, drawing from relevant literature where appropriate.

This study notes that hospitals in the region have established dedicated complaint management structures. The appointment of a hospital secretary to oversee complaint management aligns with existing literature, emphasizing the importance of clear leadership in managing patient complaints. The involvement of the hospital's discipline inspection and supervision office in daily complaint supervision, which is aligned with the idea that an independent oversight body can enhance accountability (MirAb, et al., 2022, pp. 7-11; Mirzoev & Kane, 2018, p. 1458938).

In terms of complaint processing process, this study emphasizes that the complaint will be transferred to relevant departments, and it will be treated in time even on weekends and holidays. This is consistent with the recommendation that healthcare institutions should ensure 24/7 access to complaint resolution services (Haysom, 2016, pp. 242-244). The utilization of an electronic system for tracking and managing complaints is in line with the broader trend of using technology to improve healthcare processes (Staats, et al., 2017, pp. 1563-1585). For more complex complaints, such as those involving multiple departments and divisions, the handling process is more cumbersome, and the timeliness of handling will be greatly reduced. To address this phenomenon, the doctor-patient office company (complaint department) can be unified to communicate with the patient feedback, drawing on the "1 + X window" management model implemented in domestic hospitals with more mature medical complaint management (van den Berg, et al, 2019, pp. 5395-5402). The doctor-patient office staff according to the complaint content of the office of different departments to deal with the specific handling by the departments, the relevant aspects of the policy norms and measures to deal with the unified report to the doctor-patient office, the patient's suggestions for reasonable adoption, the development of rectification deadlines and measures, and ultimately summarized by the doctor-patient office feedback to the patient, not only to improve the efficiency of the patient and give a responsible attitude.

Complaint handling execution, this study underscores the importance of departmental responsibilities in addressing healthcare-related complaints. This approach resonates with the view that specialized departments are better equipped to address specific types of complaints (Flynn, et al., 2021, p. 448). Additionally, the involvement of the Discipline Inspection and Supervision Office in handling ethics and discipline-related complaints aligns with the need for a multi-faceted approach to complaint management (Coglianese & Nash, 2020, pp. 2-351).

This research identifies several challenges within the current complaint management system, including complexity, delays, lack of cooperation, and underutilization of complaint data. These challenges are consistent with existing literature, which highlights common issues in healthcare complaint management, such as delays in resolution and the need for improved data analytics. The hospital doctors, nurses, medical staff and other staff are complained by poor service attitude, medical staff high pressure work, daily busy, often cause patients think that medical staff indifference, speaking problems cause all kinds of complaints, patients and their families not understanding of medical diagnosis and treatment, cause communication difficulties that difficult to produce the concept of mutual trust (Chen, 2013, pp. 118-120). The negative impact of medical complaints on public opinion and hospital operations is well-documented (Hanganu, et al., 2020, p. 259; Singh, et al., 2021, pp. 51-65). The study provides valuable insights into the strengths and weaknesses of the complaint management system in hospitals. Addressing the identified challenges is crucial for improving patient satisfaction and healthcare quality, in line with the broader goal of enhancing the patient experience and overall healthcare outcomes.

## **2. Discussion of the quality of health care services in the general hospitals based on patient complaints on the online platform**

The research study conducted from January 2019 to December 31, 2022, sought to evaluate the quality of healthcare services in general hospitals based on patient complaints. During this four-year period, the study observed a notable increase in the number of complaints. This upward trend in complaints was evident, even when excluding complaints related to the COVID-19 pandemic, indicating a potential systemic issue within the healthcare system (Saragih, et al., 2021, p. 104002).

One key finding of this study is the identification of deficiencies in the existing medical complaint management system within the hospitals. These deficiencies are attributed to factors such as insufficient human resources, inadequate hospital infrastructure, and other organizational reasons. This highlights the need for improvements in the intelligence, humanization, and practicality of the complaint management system (Farokhzadian, et al., 2018, pp. 1-13; Aburayya, et al., 2020, pp. 1265-1276).

In terms of complaint distribution, the study categorizes complaints into different areas, with the majority of complaints falling under the "management" field (40.9%). This suggests that issues related to hospital administration and management are significant sources of patient dissatisfaction (Karaca & Durna, 2019, pp. 535-545). "Other fields" also account for a substantial portion (33.6%) of complaints, indicating a wide range of concerns. The clinical field and the doctor-patient relationship field also



received complaints, although to a lesser extent, possibly due to the impact of the COVID-19 pandemic (Gopichandran & Sakthivel, 2021, p. e0253497).

Furthermore, the study reveals that doctors are the largest group of complainants (38.6%), followed by various other staff categories within the hospital. This indicates that healthcare professionals themselves are dissatisfied with certain aspects of the services provided, which is a cause for concern. Administrative staff are also found to be more likely to propose complaints. Regarding the degree of patient injury, a significant proportion of complaints report no injuries (0 degree) and cover various categories, including medical errors, poor service attitudes, and high costs. Notably, complaints related to the COVID-19 pandemic account for a substantial portion (29.5%) of the total complaints, highlighting the impact of the pandemic on patient complaints. The study also examines the time taken to process complaints, with variations observed among different fields, particularly the clinical field having longer processing times. Additionally, the resolution rates for complaints vary across hospital departments, with non-surgical departments showing higher resolution rates. Hospital will "centered on customer satisfaction" as the hospital business philosophy, and daily training for employees without targets will make medical workers burden, often do not have a positive effect (Ma & liang, 2016, p. 3), can be some service consciousness training and party training, to party member learning and training, constantly awaken the medical workers beginner's mind, and to the party member's learning content and discipline.

This research underscores the importance of addressing deficiencies in the medical complaint management system and improving the overall quality of healthcare services in general hospitals to meet patient expectations and needs.

### **3. Discuss the use of the concept of customer relationship management to respond to patient complaints and optimize the quality of medical services for comprehensive hospitals.**

Effective management of patient complaints is vital in contemporary healthcare to maintain high-quality medical services and patient satisfaction. This research suggests that adopting Customer Relationship Management (CRM) principles can revolutionize the way hospitals handle patient complaints (Nasrabad, 2017, pp. 730-732; Baashar, et al., 2020, p. 103442).

This research recommends formalizing complaint departments within general hospitals, specifying staffing requirements, and ensuring clear responsibilities. This approach aligns with previous studies emphasizing the importance of designated personnel for complaint handling. By doing so, hospitals can create a dedicated team to address

patient complaints promptly (Harrison, et al., 2016, pp. 40-45). With regard to the implementation of complaint handling, the progress of implementation can be disturbed by multiple factors, such as the subject of the complaint being on vacation, the department head going out for consultation, etc. The department can set up complaint handling AB corners to ensure that the relevant departments have staff to contact the person concerned in the first instance. To address such phenomena, complaint handling AB corners can be set up in each department to ensure that when a patient complaint is received, the relevant department has the personnel to go and contact the person concerned at the first time. Some studies have shown (Zhang, 2016, pp. 134-135) that most of the patients only want to vent their dissatisfaction when they make medical complaints, which requires that the complaint reception staff of medical institutions should start from the perspective of the patient, appreciate and understand the patient's feelings when he/she makes a complaint, and give a timely reply to shorten the processing time, so that the complainant's negative emotions can be minimized in the shortest possible time.

As stated in the study, standardization of receiving, classification, and solving the procedure of complaints is a vital step. This resonates with prior research that highlight the significance of well-defined processes in efficient complaint management (Stamatiou, et al., 2019, pp. 382-400). Moreover, timely reporting of complex issues and the potential use of electronic systems are in line with modern approaches of complaint resolution (Lubis, et al., 2020, pp. 84-92). The discipline inspection and supervision office shall set up secondary departments, establish hospital customer database, divided into general customer database and complaint customer database. The relevant information and data of complaint customers are managed separately (needs, reasons, complained occupation, tendency solution, etc.). They are following up regularly during admission, timely listen to the demands of patients, and feed back to all departments for research and analysis, so as to avoid similar situations of other patients' next time. In addition, service rules, customer satisfaction and service situation of complained medical staff are analyzed, decision reports are provided and focused on performance evaluation.

The study underscores the role of CRM principles and software in managing patient interactions and complaints. This aligns with the findings of Baashar, et al. (2020, p. 103442), who emphasize the need for CRM tools to enhance patient engagement and satisfaction. By categorizing complaints and analyzing data, hospitals can gain valuable insights for quality improvement. Accelerate the creation of an electronic system for complaints management. The application of network electronic system is

the technical support to realize intelligent medical complaint management. Accelerate the creation of complaint handling electronic system module, more convenient and humane service staff, reduce the staff on the registration pressure and archiving and combing work, optimize the informationization of hospital complaint management. Strengthen the construction of network complaint platforms. The WeChat public number or official website platform set up by the hospital sets up a complaint module, and actively plays the role of its own website platform, connects the network complaint platform to the website of the hospital's complaint management department, and supports the uploading of voice, text, pictures and video, so that the demands of patients can be reflected in place, avoids the fermentation of adverse events and affects the credibility of medical institutions.

The research advocates for a proactive approach to patient communication by soliciting regular feedback and addressing concerns promptly. This recommendation is consistent with the idea that active engagement with patients contributes to improved patient experiences. Open communication channels and timely responses are essential components of this approach. (Higgins, et al., 2017, pp. 30-36; Oxelmark, et al., 2018, pp. 612-621). Pay attention to personalized service and cultivate customer relationship. The implementation of CRM in hospitals can provide tailored personalized services through the analysis of customer information and the tracking analysis of full medical treatment, so as to improve satisfaction. Personalized and considerate service will cause patients to have habits and dependence, and satisfaction and loyalty will change qualitatively (Zhang, Chen & Ni, 2016, p. 3). Hospitals and customers will also establish a long-term and stable customer relationship, which is conducive to easing the tension between doctors and patients.

The study emphasizes the importance of cooperation and communication among staff in different hospital departments. This echoes previous research that highlight the benefits of interdisciplinary collaboration in resolving patient complaints (Gausvik, et al., 2015, pp. 33-37; Wami, et al., 2016, pp. 1-10). Clear protocols, interdepartmental meetings, and training in communication and conflict resolution are essential elements to facilitate such collaboration. Establish a unique hospital culture to promote hospital development. The implementation of CRM is a customer-centered business philosophy and organizational culture reflected in the hospital operation. Hospital managers and all the staff should start from the aspects of concept, details, daily communication, especially in contact with patients with more attention, and the patient feedback should be registered one by one. In today's increasingly fierce medical service, build customer centered hospital culture (Liu, 2011) can improve the

organizational structure and medical process of the hospital, improve the service of the hospital, steadily enhance the competitiveness of the hospital, and realize the long-term and stable development of the hospital.

This research provides valuable guidelines for optimizing medical service quality in general hospitals by leveraging CRM principles to respond to patient complaints. These recommendations are supported by existing literature on complaint management, patient engagement, and interdepartmental collaboration. Implementing these strategies can improve patient satisfaction and delivery high-quality medical services.

## Recommendations

### 1. Practical Recommendations

#### 1.1 Improving medical technology and strengthening medical quality management

1) Hospitals can strictly require the quality of diagnosis and treatment and guarantee patient safety by strengthening medical safety and medical quality management. For example, it can strengthen the safety assessment of medical quality of each department, increase the quality certification and tracking of new technologies and programs, and strictly control the operation of surgical grading. The Quality and Safety Committee, the Medical Service Improvement Committee, and the Hospital Quality and Safety Management Team should conduct strict and frequent inspections of medical quality. For serious violations of relevant rules and regulations of the department or medical staff, the whole hospital notification assessment and criticism. In addition, hospitals can also promote the improvement of medical quality by strengthening medical Continuous Quality Improvement (Zhang, 2016, pp. 134-135), carrying out team diagnosis and treatment model, multidisciplinary collaborative diagnosis and treatment model (Hao, 2018, pp. 159-161).

2) Strengthen practical training on a daily basis to improve medical and nursing skills. Practical exercises should be organized regularly for all departments and divisions in the hospital, especially for the surgery department, to strengthen the doctor's proficiency in operating ability; daily spot checks on theoretical knowledge, so that relevant medical knowledge can be memorized by heart. Nursing staff in the daily nursing operation should strictly abide by the rules and regulations and operating norms, in accordance with the requirements and standards of nursing activities, the nursing department should strictly abide by the rules and regulations and operating norms, in accordance with the requirements and standards of nursing activities, nursing department should strengthen the assessment of nursing staff, the assessment of the

error-prone items, to avoid non-standard operation. Medical staff can also use their spare time to participate in more academic lectures, to improve their professional and technical level through learning, borrowing, and sharing resources with other hospitals.

3) Reduce "non-harm" complaints by focusing on the whole process of health care delivery. Patients carry bad emotions in the process of consultation itself, and any problem in any part of the process will trigger patients' dissatisfaction, which will lead to medical complaints. This requires staff in all fields of medical institutions to provide medical services, not only focus on the clinical field of service, but also focus on the quality of service in the field of management and doctor-patient relationship.

For example, hospitals can start from optimizing the management of parking lots, strengthen the supervision of third-party property companies, and channel parked vehicles to avoid congestion and the inability to park as soon as possible, bringing the patients' bad mood of impatience; strengthen the management of security personnel in the hospital area, improve the attitude of the security service, and reduce the number of complaints. We can also start from the order of outpatient and emergency room consultation and hardware facilities environment, and try to provide patients with a well-organized and comfortable consultation and treatment environment. Promote clinical nutrition, further optimize nutritional dietary varieties, carry out 24-hour nutritional risk screening for patients on admission, and improve the effect of comprehensive clinical treatment. By improving the environment during the patients' visit, not only can the patients feel comfortable in the process of receiving medical services, but also can create a relaxing and pleasant working environment for the medical and nursing staff.

4) Improvement of the staff's service attitude and motivation of the medical staff in the first place. As a doctor, in the diagnosis and treatment process to sympathize with the patient's lack of medical knowledge and understanding, sympathize with the patient's desire to understand their own condition, try to use easy-to-understand life examples to tell the patient's condition development, so that the patient can better recognize their own condition, but also to bring the doctor-patient relationship closer. Do patient consultation, careful examination, fully understand the patient's history, contraindications, living habits, etc., responsible for the patient's condition, responsible for their own diagnosis and treatment behavior. The nursing staff should take the patient as the center, according to the characteristics of different patients' conditions, personality characteristics, etc., to take more personalized nursing methods (Jiang, 2010, p. 2). It should continue to strengthen the etiquette training for the staff

and adopt various forms of preaching, such as frequently carrying out civilized etiquette training, smile service training and other activities. The staff with poor service attitude and repeated or multiple complaints from the patients should be counted in the performance appraisal, so that the staff can exercise self-restraint from the inside.

Regularly strengthen the propaganda and education videos for medical staff, and watch the educational videos on violation of discipline, so as to awaken the medical staff's nature of medical treatment, and to inform the patients in advance about the inspection items and the use of medical consumables, so as to enable the patients to spend less money, less inspection, and faster and better treatment of the disease.

1.2 Strict implementation of various medical systems to protect the legitimate rights and interests of patients

Medical personnel are required to strictly implement all medical systems in the process of diagnosis and treatment to eliminate adverse events or potential patient safety incidents, and workers in all fields should actively and seriously study the medical systems formulated by the state, the government, and the medical institutions in which they are employed, which are close to their own business, so as to increase their personal awareness of medical risk prevention. For example, they should grasp the implementation of various rules and regulations related to outpatient and emergency management, medical management, case management, informed consent and notification management, and make efforts to prevent and control the high incidence of medical complaints. First, to raise the importance of medical staff to correctly fulfill the obligation of informed consent and notification, strengthen supervision and responsibility. Secondly, pay close attention to the medical record management system, the case room can provide monthly or semi-monthly feedback to the whole hospital on medical records, provide targeted feedback and guidance to key departments, and incorporate the qualified rate of medical records into the departmental performance evaluation standards. Third, strictly implement the core medical system such as surgical grading management, third-level physician room visits, etc., and penalize individuals and departments that do not implement the system properly by notifying and criticizing them and deducting their bonuses. It ensures the quality and safety of medical treatment, and safeguards the most basic rights and interests of patients.

### 1.3 The solution and prevention of the complaint between doctor and patient

To prevent the occurrence of doctor-patient disputes and prevent the further deterioration of doctor-patient conflicts is the common desire and goal of both doctors and patients. This problem cannot be improved immediately, nor can it be improved by a certain organization, institution or government. Only a number of related subjects to cooperate, improve the coordination mechanism, mediation mechanism, litigation mechanism, the establishment of a diversified settlement mechanism, comprehensive management.

At the same time, the government should also improve the patrol, prevention and control of hospitals and the surrounding environment, the training of public security organs in medical safety, and the mechanism of linkage between hospitals and public security organs. It is necessary to set up a crisis handling group for doctor-patient disputes, regularly train medical staff on crisis handling, and establish the crisis awareness of staff.

### 1.4 Implement the CRM concept ideologically, guide staff to create their own hospital culture.

Hospital staff lack of patient-centered thinking, they put "patient-centered" only verbally, not in the maximization of the value of patients, ignoring the needs of patients, their benefits in many ways at the expense of the interests of patients. First, establish the hospital's own service system, setting up performance rewards for the employees who solve patient problems and put forward effective suggestions, and setting up grievance awards for the staff who are wronged. The second is to stimulate the creativity of employees 'humanized work, the enthusiasm for patient service, the standardization of business and the master consciousness of the hospital, and combine the needs of league building and employees' families with their own sense of gain from work.

The breakpoint in the medical service process will lead to no response to patients' requirements, reduce patient satisfaction, trigger multiple management in overlapping areas, pay too much attention to the division of task boundaries of departments, cause the buck-passing of patients between departments, and ultimately affect the service quality of the hospital.

CRM needs to be driven, advocated, guided, implemented specifically, and ensured that all tasks and requirements are completed on time and executed to precise detail. The doctor-patient office (complaint handling department) serves as the implementation department for unified feedback on patients' demands. The implementation

team includes the following personnel: the senior leaders of the hospital are the advocates and promoters of the project; the relevant department heads and employees, the project implementers; the information technology personnel, and the hospital information technology assistant: the patients and their families are the examiners and improvements of the work. The division of responsibilities of the member group is clearly defined, and each task is implemented to the person. In the establishment of the project team and personnel positioning, a consensus should be reached within the hospital to prevent the random transfer of personnel during the implementation of the project. The post responsibility system is adopted, and the repeated response of patients should be followed up by the quality inspection team. Through the daily handling of complaints, gradually adjust and optimize the structure, and finally find the mechanism state of efficient handling of complaints.

1.5 Complaint management mechanism should be established to deal with public health emergencies

Complaint management mechanism should be set up in the plan of public health emergencies, through the patient's view, observation, experience of the event, collection, adoption, research and judgment, it can efficiently and quickly find the loopholes and solve the problem.

When a public health emergency occurs, the first thing to do is to clarify the person, role and leadership. The hospital should set up a special person in the complaint department that responsible for the post-processing and follow-up of the incident, clarify the roles of each person, and designate a leader to be responsible for the coordination of the work.

Then, the statistics of effective information. Sort out the cause, place, treatment measures and return visit of each event, screen effective information, and reflect what time period, what place, what reason and what problems occur in the first time.

Next, propose a solution. Solutions are developed by the backbone of each section, and solutions are selected by the head of the section in charge and developed in conjunction if necessary.

Finally, guidance and correction. The first-hand information will be reported to the hospital leadership to provide reference and basis for the deployment of new work in the next stage and to avoid repeated correction of the same problem.

## **2. Recommendations for future research**

1) In this study, due to the privacy protection of some patients, there is less research on the characteristics of the complainant, and we have not explored whether



the actual results of the survey are caused by the information gap between doctors and patients and the lack of medical knowledge blind mistrust, and in the next step, when categorizing the causes of medical complaints, we can add the analysis of the causes of the affected party and the social social causes, and analyze the medical complaints in a more objective way.

2) In this study, due to the impact of the epidemic, there is no further data analysis of the improvement after the adjustment of CRM introduction into the healthcare organization, in the next step, data can be collected to analyze the actual situation after the adjustment to further improve the study.

3) Future research could delve deeper into the specific impact of Customer Relationship Management (CRM) implementation on patient satisfaction and healthcare quality within general hospitals. This might involve longitudinal studies tracking changes in patient complaints and satisfaction scores before and after CRM adoption to assess its long-term effects.

4) Investigate the effectiveness of tailored training programs for healthcare professionals in managing patient complaints and fostering a culture of proactive issue identification. Research could explore the outcomes of customized training interventions designed to address specific challenges identified in complaint management, such as communication skills and conflict resolution.

5) Conduct a comparative analysis of complaint management systems in different healthcare settings, including general hospitals, specialized clinics, and outpatient facilities. This research could examine variations in complaint types, resolution times, and patient satisfaction across various healthcare contexts to identify best practices that can be shared and applied across the industry.