

## Chapter 4

### Research Results

#### Current Status of Complaint Management in Hospitals

According to the theory of customer relationship management (CRM), the components of complaint management mainly include "complaint management organization", "complaint handling process" and "complaint handling execution". In the following, we will analyze the current situation and problems of medical complaint management in this hospital from the above three elements.

##### **1. The complaint management status of the hospital**

At present, the secretary of the hospital's disciplinary committee is in charge of the supervision and management of complaint handling. The discipline inspection and supervision office of the hospital undertakes the daily supervision of the hospital complaints, and organizes, coordinates and guides the complaint handling of the whole hospital. According to the classification of department functions (i. e., who is in charge), the head of the relevant functional department is directly responsible for complaint handling, and one is designated to be responsible for complaint reception and handling; the department is responsible for complaint handling.

Principle of management. In accordance with the Tort Liability Law, Regulations on the Management of Medical Institutions, Regulations on Handling Medical Accidents, Regulations on the Prevention and Handling of Medical Disputes, Measures on the Management of Complaints in Medical Institutions, Regulations on Complaint Reporting, and Measures on Health Complaints, and other laws and regulations, the hospital patient complaint is dealt with according to the actual situation of the hospital.

##### **2. Process of handling medical complaints**

Hospital complaints reception implements the "first take responsibility system". Complainants to the relevant departments and sections shall be guided to the department responsible for complaint handling or complaint supervision. Complainants do not want to complain to the department responsible for complaint handling or regulatory departments, the receptionist should first make good reception and record. For complaints that can be coordinated and handled on the spot, try to coordinate and resolve the complaint on the spot, and report the complaint and the handling of the

situation to the regulatory department. For complaints that can not be resolved on the spot, the complaint should be promptly forwarded to the responsible section or supervisory department for complaint handling, and cooperate with the follow-up complaint handling work.

The hospital's administrative staff on duty is responsible for the reception and handling of complaints on weekends, holidays, nights and during lunch breaks, and complaints that cannot be dealt with on the same day will be forwarded to the relevant departments for complaint handling.

Complaints are handled by whoever is in charge. After receiving a complaint or transfer order, the section responsible for complaint handling should promptly understand and verify the situation with the parties and sections, and the parties and sections should actively cooperate. On the basis of fact-finding, separation of responsibilities to put forward processing opinions, and feedback to the complainant; processing is completed in a timely manner to the regulatory authorities to report, for the record. After investigation, verification and/or feedback found to be serious (e.g., involving disciplinary violations, the patient's request for compensation, etc.), complex (investigation of obstruction, more than two unsatisfactory feedback, etc.), and report to the leadership and supervision department in charge of the complaint handling responsibility department, and report to the responsible leader and main leader after review.

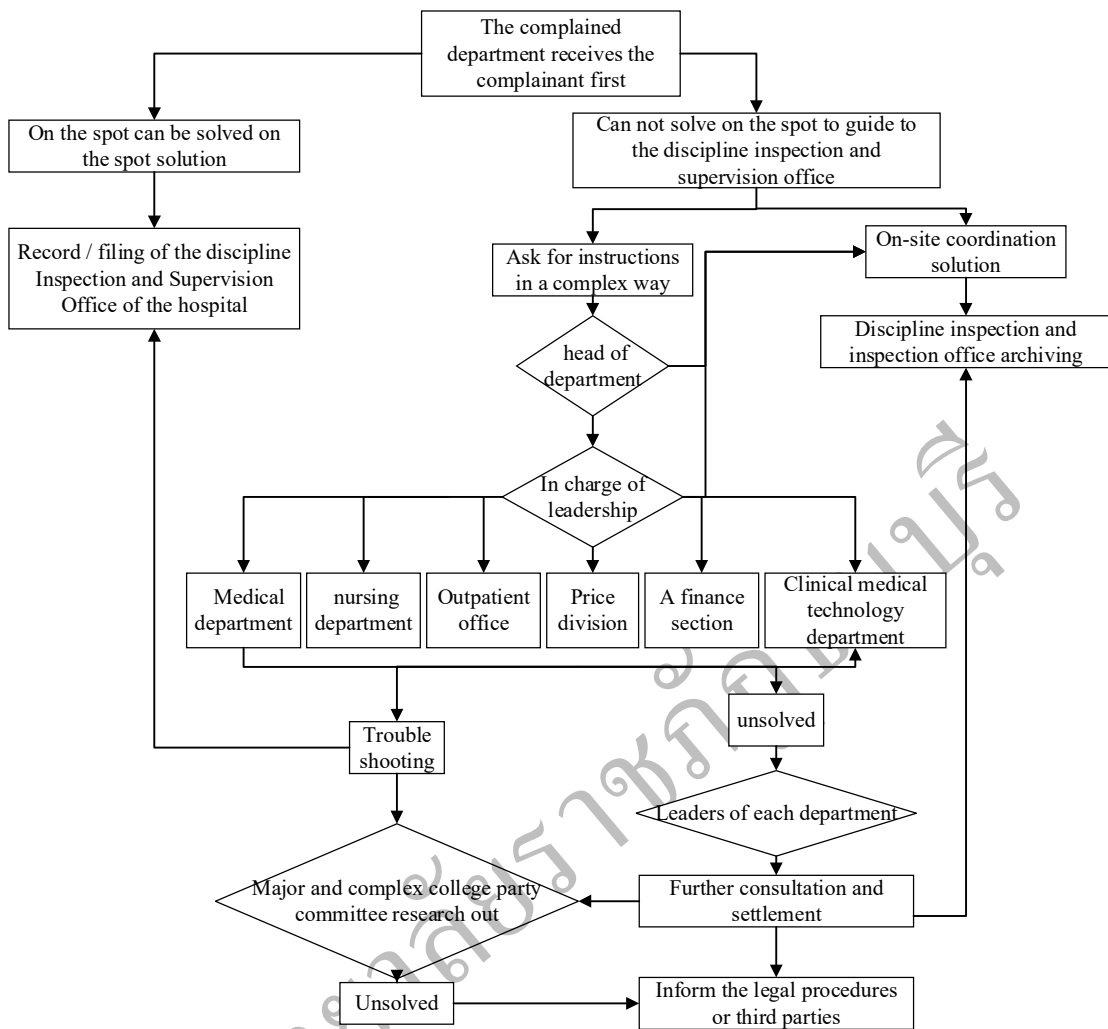


Figure 4.1 Study the complaint process at the target hospital

### 3. Medical complaint handling and execution

#### 1) Specific methods for implementing complaint handling

Specific methods for implementing complaint handling as shown in Table 4.1

Table 4.1 Specific implementation methods

Mold	Responsible department	Processing method	Result	Place on file
Medical ethics, honesty and Self-discipline, violations of discipline	Discipline Inspection and Supervision Office	Investigation implementation	Form a reply	Discipline Inspection and Supervision Office

**Table 4.1** Specific implementation methods (Cont.)

<b>Mold</b>	<b>Responsible department</b>	<b>Processing method</b>	<b>Result</b>	<b>Place on file</b>
Medical treatment quality, medical treatment safety aspects	Medical department	Organize investigation	Form a preliminary reply	Discipline Inspection and Supervision Office
Nursing quality, nursing safety aspects	Nursing department	Organize investigation	Form a preliminary reply	Discipline Inspection and Supervision Office
Non-medical, quality and safety aspects of outpatient care	Outpatient office	Organize investigation	Form a preliminary reply	Discipline Inspection and Supervision Office
Charge 、 price	Finance Department, price section	Joint organization survey	Form a preliminary reply	Discipline Inspection and Supervision Office
Administrative departments of each branch hospital	Branch comprehensive office	Organize investigation	Form a preliminary reply	Discipline Inspection and Supervision Office
Informatization	Information department	Organize investigation	Form a preliminary reply	Discipline Inspection and Supervision Office
Service guarantee	Logistics support department	Organize investigation	Form a preliminary reply	Discipline Inspection and Supervision Office

For complaints related to medical ethics, integrity and self-discipline, violation of discipline, etc., the Discipline Inspection and Supervision Office is the section responsible for complaint handling, which organizes the investigation and implementation and puts forward preliminary handling opinions.

For complaints related to medical quality and safety, the Medical Department is responsible for complaint handling, which will organize the investigation and implementation, and put forward preliminary opinions.

For complaints related to nursing quality and safety, the Nursing Department is responsible for complaint handling, which will organize the investigation and implementation, and put forward preliminary opinions.

For complaints involving outpatient non-medical, nursing quality and safety, the outpatient office is the section responsible for complaint handling, which will organize the investigation and implementation, and put forward preliminary handling opinions.

For complaints involving fees and prices, the Finance Section and the Price Section are responsible for complaint handling, which will organize the investigation and implementation, and put forward preliminary handling opinions.

For complaints related to the branch departments, the branch comprehensive office is the section responsible for complaint handling, which is responsible for investigation and implementation.

For complaints involving information technology, the Information Section is responsible for complaint handling, which will organize the investigation and implementation, and put forward preliminary opinions.

For complaints related to other aspects, such as service guarantee, the relevant logistics section is responsible for complaint handling, which will organize the investigation and implementation, and put forward preliminary handling opinions.

Finally, the summary is sent to the discipline inspection and supervision office to report and archive.

## 2) Complaint is handled within a limited time

For general complaints and disputes, which can be coordinated on the spot, they shall be resolved on the spot as far as possible; which may cause personal and property injury to the complainant, they shall be resolved immediately. For those who cannot be coordinated on the spot, the responsible department shall conduct an investigation according to the content of the complaint, and the department where the party concerned belongs shall discuss it, and the responsible department shall reply to the complainant in the form of written or oral explanation after examination.

For the complaints with complicated situations that need to be investigated and verified, the relevant handling situation or handling opinions should generally be reported to the complainant within 5 working days.

The complaint situation is very complicated, involving multiple departments, it is necessary to organize and coordinate with relevant departments, the handling situation or handling opinions shall be reported to the complainant within 15 working days.

The complaint cases approved and transferred by the superior complaint and visit departments shall be completed and replied according to the time limit required by the superior. If there is no time limit required, it shall be completed within the limited time required by the hospital.

### 3) Complaint handling and review mechanism

Complaint handling quality and feedback audit follow the principle of who handles who checks. First, reviewed and signed by the department director /section chief responsible for complaint handling, and then reviewed and signed by the leader of the hospital in charge of the department. For general complaints and disputes, the responsible department signs directly feedback to the complainant; for complex complaints, the leader of the competent hospital signs directly feedback to the complainant; for the transferred complaints, the responsible department stamps the hospital official seal, and submits it to the discipline inspection office for unified reply.

### 4) Electronic system for medical complaint management

The main application menus of the electronic system for medical complaint management used by the hospital in this study include "business handling", "system management", "basic data maintenance" and "statistical query". When a patient or his family member complains, the staff of the patient relations department will conduct a "business handling" operation. The first step is to input cases, including the basic information of the complainant, complaint department, complaint content, etc. The second step is to determine whether to conduct case investigation according to the severity of the complaint. Complaints with lower level that can be solved on the spot will directly enter the "case filing", and complaints with higher level or more complex for case investigation and filing. The third step is that the department supervisor reviews and approves the complaints for the record, and determines the solution of the case through the regular complaint review meeting. The fourth step is to file the completed complaints, and the unfinished complaints will continue to follow up by the person in charge.

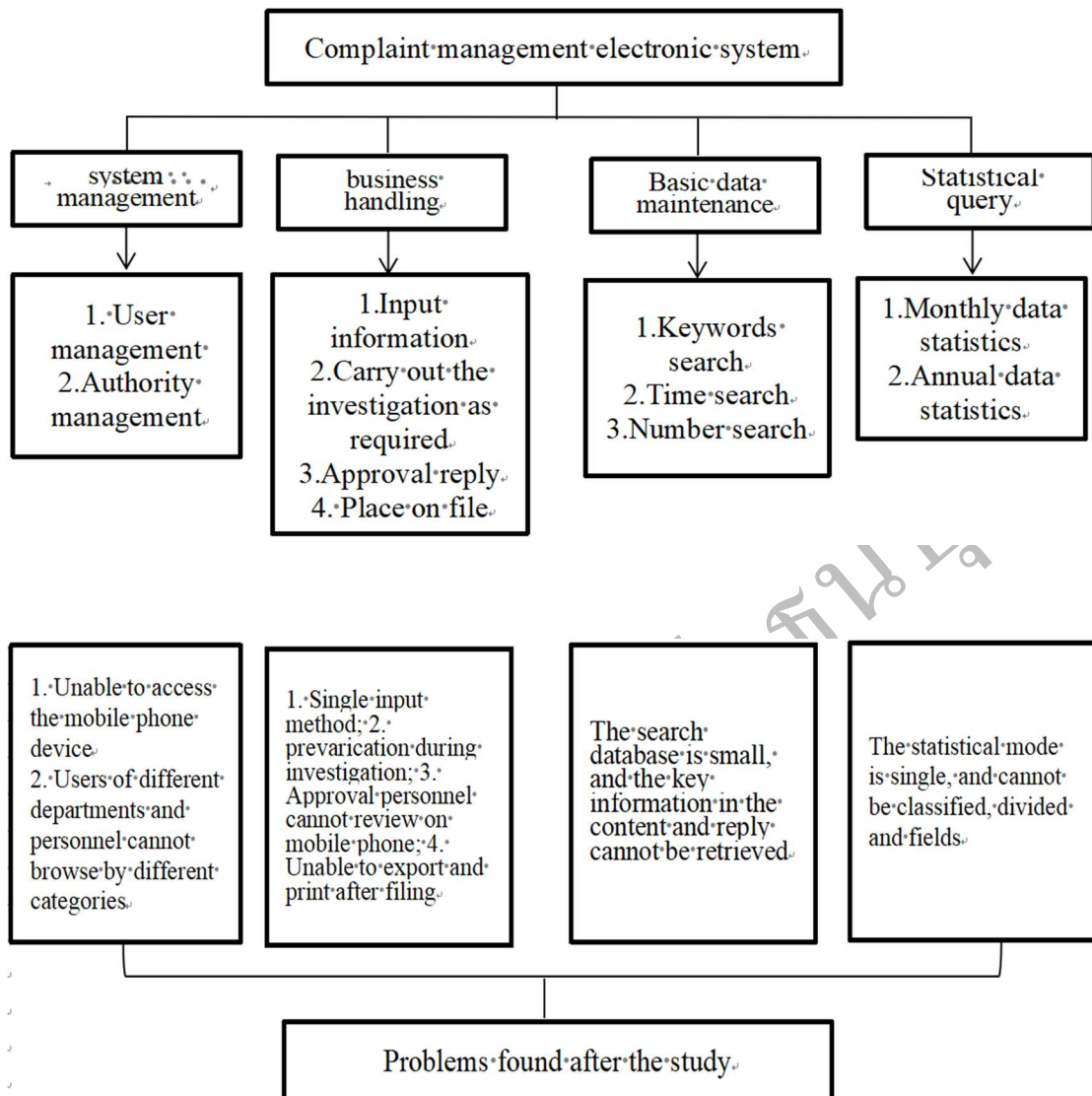


Figure 4.2 Complaint about the platform management system and problems found

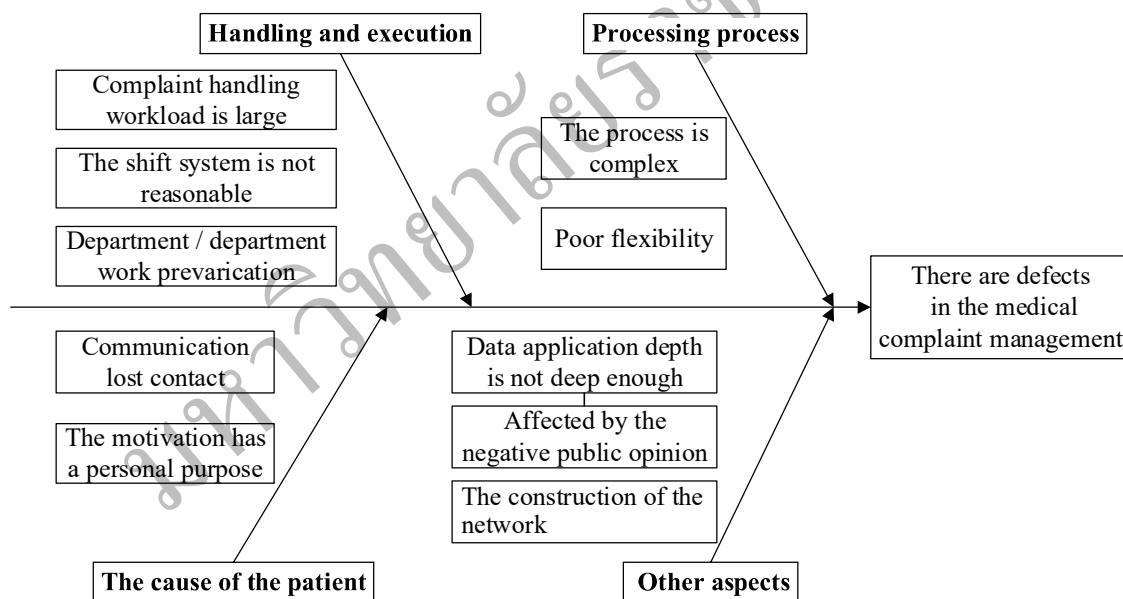
#### 4. The Existing Problems of Medical Complaint Management

From the current situation of medical complaint management in the hospital, some management concepts and methods are in line with the medical development trend. However, there are still shortcomings and inadequacies in the medical complaint handling process and implementation. In addition, the information obtained from expert interviews reveals the following issues:

*“Firstly, the hospital's focus on treating injuries and saving lives, coupled with staff wages and benefits, as well as personal workload income, to some extent, influences medical behavior trends, leading to dissatisfaction within the broader community towards the medical*

profession. This can easily result in an increase in complaints or biases in the complaints themselves, ultimately contributing to a strained doctor-patient relationship. Secondly, from the patient's perspective, when some patients and their families propose complaints, the hospital becomes 'vulnerable.' To avoid negative assessments, the hospital may make concessions to resolve these complaints. Thirdly, the emotional instability of patients and their families introduces uncertainty regarding personal injury claims, potentially escalating complaints into online public opinion. With the growing prominence of the online environment, this can have detrimental effects on both hospitals and their employees" (Expert Interview).

The research findings show the existing problems in medical complaint management, and the details are shown in Figure 4.3.



**Figure 4.3** There are defects in the medical complaint management

#### 4.1 Medical complaint handling process

After receiving medical complaints, the hospital will classify them according to the content of the complaints. In this more detailed process, there are drawbacks as well. For example, the medical complaint handling process is too complex. As is



known to all, most of the patients who complain are more emotional, and the stronger the awareness of complaint, the stronger the willingness to get the reply from the hospital quickly. The case involves many departments, which communicate and deal with patients one by one. Under the more complicated complaint handling process, it is inevitable to have a greater negative impact on the excitement of the patient. In addition, the complex and less flexible complaint process will also give patients a negative impression such as prevarication and low efficiency.

#### 4.2 Handling and execution

When handling more complex or potentially patient safety events or adverse events, the relevant department heads should be contacted in time. In this case, the verification and confirmation of the medical complaint information is poor. Due to the busy work of the department director and even often go out for consultation and study, inevitably, there will be delays in processing, which will result in medical complaint information not being confirmed.

In addition, the following problems still exist in the process of implementing medical complaints. First, some departments of the staff do not cooperate. This part of the staff believes that the medical complaint is purely unreasonable, or because of the busy work, there is no time to participate in the handling, refusing to complain to the request of the complaint handling personnel. Second, the medical complaint handling personnel have a large workload and shortage of human resources. Under the influence of the hospital culture of "open talk, access to complaints", many patients will express their feelings about medical treatment by visiting, calling and writing letters, whether out of gratitude or complaint. For the staff of the discipline inspection office, due to the lack of human resources, more serious or urgent medical complaints are easy to be ignored, shelved and delayed. Thirdly, the unreasonable shift system of complaint handling personnel also increases the risk of untimely follow-up of medical complaints. Fourth, in addition to the reasons of the complaint handling personnel, it also includes the patient's reasons, such as the patient's phone is unanswered, hung up and can not answer the situation, the patient's complaint with an impure personal purpose

#### 4.3 Other deficiencies

The construction of the complaint platform needs to be strengthened. After receiving the complaint designated by the superior, the medical institution manually registers the complaint to the EXCEL table, which increases the work burden of the employees. The function of the platform is not user-friendly, the leadership approval and reporting function need to be optimized, and the query and statistics

function is not convenient for screening, which is not conducive to the follow-up complaint and archiving management of the same staff.

The application depth of medical complaint data is insufficient. From the perspective of the current situation of medical complaint management, the hospital focuses on the process of medical complaint handling and ignores the analysis of medical complaint data. As the cumulative number of medical complaints increases gradually, the complaint data also gradually increases. Analyze the high frequency departments, high frequency personnel and high frequency causes of medical complaints, so as to carry out targeted quality improvement to avoid and prevent the occurrence of similar complaints.

Affected by the negative public opinion. Medical complaints are often prone to extreme events. Family members and patients fail to achieve the goal of diagnosis and treatment, interfering with the daily work of medical institutions, and the fermentation of public opinion will also cause bad atmosphere to the society and cause trouble to the handling of complaints.

### **The Quality of Health Care Services in the General Hospitals based on Patient Complaints on the Online Platform**

The medical complaint management system being used in the hospital has many deficiencies in the aspects of intelligent, humanized and practical. Due to human resources, hospital hardware facilities and other reasons, the hospital discipline inspection and inspection office system is not perfect, the functions have not been well applied, and the management is chaotic and superficial. In this imperfect management mode, it is easy to shirk between departments, clinical and administrative, and hospitals and departments when patients complain. After the patient complains, it cannot be dealt with in time and effectively, which can easily escalate the incident. The complainant intends to report to the superior department. The difference between the hospital and the traditional hospital is that the hospital, by adding the complaint reception staff covering the whole hospital and different professional backgrounds, connects all the complaints in the hospital from listening to recording, processing, filing and feedback to a unified medical complaint management system, so as to maximize the organizational efficiency of medical complaint management.

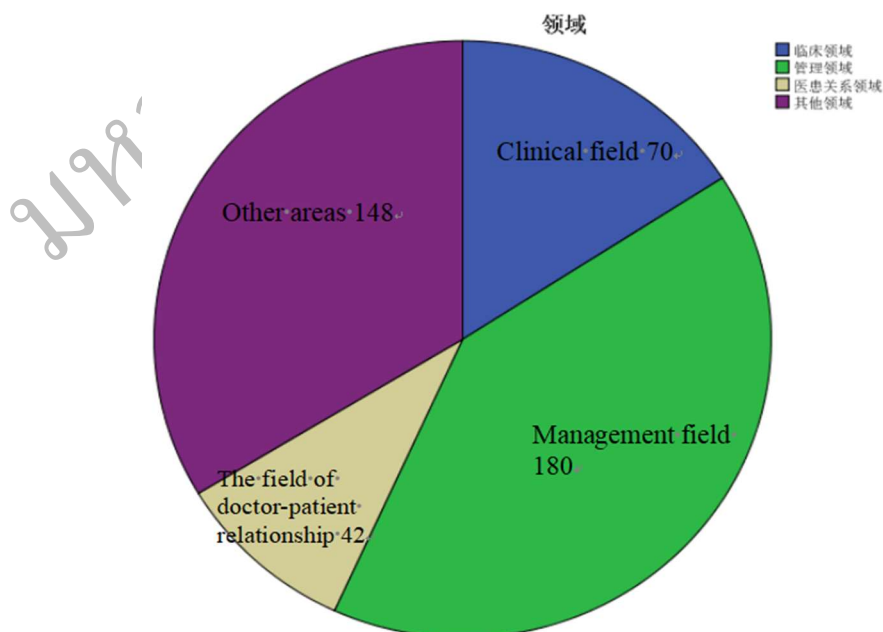
### 1. Overall complaint

The annual business volume of the hospital for 2019-2022 is 3,188,000 (visits), 2,605,000 (visits) 3,147,600 (visits), and 3,345,000 (visits) respectively.

**Table 4.2** Complaint incidence

	Year	Frequency	Percentage	Effective percentage	Cumulative percentage
effective	2019	51	11.6	11.6	11.6
	2020	40	9.1	9.1	20.7
	2021	108	24.5	24.5	45.2
	2022	241	54.8	54.8	100.0
	Total	440	100.0	100.0	

1) Complaints in different areas. Among the 440 medical complaints, the highest number of complaints occurred in the management field, 180 cases, accounting for 40.9% of the total number of complaints, followed by 148 complaints in other fields, accounting for 33.6% of the total number of complaints, and 70 complaint cases in the clinical field, accounting for 15.9% of the total number of complaints. The area of doctor-patient relationship had 42 complaints, accounting for 9.5% of the total number of complaints.



**Figure 4.4** The proportion of complaints in different fields

2) The outbreak of the epidemic. In 2019, there were no complaints caused by the epidemic, and there were 40 complaints in 2020, of which 1 case accounted for the epidemic, accounting for 2.5%. In 2021, it was 23.1%, but in 2022, it was a relatively high proportion of 43.5%. The significance of the Chi-square test was less than 0.05, indicating that there was a significant difference in the proportion of the annual epidemic causes.

**Table 4.3** Cross-sectional list of years and outbreaks

		The proportion of the cause of the epidemic		Total	X <sup>2</sup>	P
		Non-epidemic causes	The cause of the outbreak			
Year 2019	count	51	0	51	59.005	0.000
	proportion	100.00%	0.00%	100.00%		
2020	count	39	1	40		
	proportion	97.50%	2.50%	100.00%		
2021	count	83	25	108		
	proportion	76.90%	23.10%	100.00%		
2022	count	137	104	241		
	proportion	56.80%	43.20%	100.00%		
Total	count	310	130	440		
	proportion	70.50%	29.50%	100.00%		

As can be seen from the above table, the significance P of the Chi-square test is less than 0.05, indicating significant differences, among which complaints in the management field of the administrative window are significantly higher than those in other Windows.

3) Complaints in different areas of outpatient, inpatient and administrative Windows

**Table 4.4** Outpatient, inpatient, and administrative Windows \*Regional Crosstabe

		Region				Total	X <sup>2</sup>	P	
		Clinical field	Management field	The field of doctor-patient relationship	Other areas				
Outpatient, inpatient, and administrative Windows	count	33	76	28	137	274	147.6	0.0	
	outpatient service	prop	12.0	27.70	10.20%	50.00	100.0	97	00
	administration	ortion	0%	%		%	0%		
	count	1	60	6	0	67			
	prop	1.50	89.60	9.00%	0.00%	100.0			
	ortion	%	%			0%			
	count	36	44	8	11	99			
	prop	36.4	44.40	8.10%	11.10	100.0			
	ortion	0%	%		%	0%			
	Total	count	70	180	42	148	440		
	prop	15.9	40.90	9.50%	33.60	100.0			
	ortion	0%	%		%	0%			

As can be seen from the above table, the significance P of the Chi-square test is less than 0.05, indicating significant differences, among which the complaints in management field of the administrative window are significantly higher than those in other Windows.

## 2. Statistical analysis of the complainant and the complained object

1) Basic characteristics of the complainant. There were 232 complaints of "male", (52.7%), 208 people for the women(47.3%); There were 170 "doctor", for 38.6%; The "Nurse" had nine people, for 2%; Four "medical doctors", for 0.9%, "Toll collectors" had 15, for 3.4%, 22, 5%, "Medical technicians" had 12 people, for 2.7%, "Administrative staff" had 130 people, for 29.5%, "Logistics staff" had 61 people, for 13.9%; "Pharmacy staff" had eight people, for 1.8%, "Management" had nine people, for 2%. 46 complaints came from "telephone", accounting for 10.5%, "assigned by superior"(372), accounting for 84.5%, 22 "letters", accounting for 5%; 283 complaints were "myself", accounting for 64.3%, and 157 were "patient families", accounting for 35.7%.

**Table 4.5** Complainant characteristics and respondent occupational statistics

Project	Frequency	Percentage	Effective percentage
sex	man	232	52.7
	woman	208	47.3
Respondent occupation	doctor	170	38.6
	nurse	9	2.0
	medicare guiding service	4	0.9
	Charge personnel	15	3.4
	Appointment personnel	22	5.0
	Medical technicians	12	2.7
	administration staff	130	29.5
	support crew	61	13.9
	Pharmacy staff	8	1.8
	management layer	9	2.0
Complaint method (telephone, letter, superior assignment	telephone	46	10.5
	Assigned by the superior	372	84.5
	letter	22	5.0
Complainant-patient relationship	self	283	64.3
	The patient's family	157	35.7

2) Occupational statistics of the respondent in each year. As can be seen from the table, the significance is greater than 0.05, indicating that there is no significant difference in the occupation of the respondent in different years, and there are more doctors and managers.

**Table 4.6** Annual and respondent occupational cross-sheets

		Respondent occupation										Total	X <sup>2</sup>	P	
		Doctor	Nurse	Medicare guiding service	Charge personnel	Appointm ent personnel	Medical technicians	administration staff	Support crew	Pharma cy staff	Managem ent layer				
Year	2019	Count	19	3	0	3	3	2	9	10	2	0	51	39.75 5	0.05 4
	Proportion	37.30%	5.90%	0.00%	5.90%	5.90%	3.90%	17.60%	19.60%	3.90%	0.00%	100.00 %			
2020	Count	22	0	0	1	1	1	5	8	1	1	40	100.00 %		
	Proportion	55.00%	0.00%	0.00%	2.50%	2.50%	2.50%	12.50%	20.00%	2.50%	2.50%	100.00 %			
2021	Count	46	3	1	2	9	2	26	13	1	5	108	100.00 %		
	Proportion	42.60%	2.80%	0.90%	1.90%	8.30%	1.90%	24.10%	12.00%	0.90%	4.60%	100.00 %			
2022	Count	83	3	3	9	9	7	90	30	4	3	241	100.00 %		
	Proportion	34.40%	1.20%	1.20%	3.70%	3.70%	2.90%	37.30%	12.40%	1.70%	1.20%	100.00 %			
Total	Count	170	9	4	15	22	12	130	61	8	9	440	100.00 %		
	Proportion	38.60%	2.00%	0.90%	3.40%	5.00%	2.70%	29.50%	13.90%	1.80%	2.00%	100.00 %			

3) Occupational distribution of complaints in outpatient, inpatient and administrative Windows. As can be seen from the table, the significance P of the Chi-square test is less than 0.05, indicating significant differences. And the hospitalized physician complained is significantly higher than the other windows.

**Table 4.7** Cross-table of the occupational distribution of outpatient, inpatient and administrative Windows and the complained object

		Respondent occupation											Total	X <sup>2</sup>	P
		Doctor	Nurse	Medical are guiding service	Charge person nel	Appointm ent personnel	Medical technici ans	administra tion staff	Supp ort crew	Pharma cy staff	Managem ent layer				
Outpatient/Adminis trative window/Be in hospital	Outpatient	Count	102	7	2	4	11	11	102	19	7	9	274	212.3 73	0.00 0
		Proporti on	37.20 %	2.60 %	0.70%	1.50%	4.00%	4.00%	37.20%	6.90%	2.60%	3.30%	100.00 %		
	Administra tive window	Count	4	0	1	11	3	0	10	38	0	0	67	100.00 %	
		Proporti on	6.00 %	0.00 %	1.50%	16.40%	4.50%	0.00%	14.90%	56.70 %	0.00%	0.00%	100.00 %		
	Be in hospital	Count	64	2	1	0	8	1	18	4	1	0	99	100.00 %	
		Proporti on	64.60 %	2.00 %	1.00%	0.00%	8.10%	1.00%	18.20%	4.00%	1.00%	0.00%	100.00 %		
Total	Count	170	9	4	15	22	12	130	61	8	9	440	100.00 %		
	Proporti on	38.60 %	2.00 %	0.90%	3.40%	5.00%	2.70%	29.50%	13.90 %	1.80%	2.00%	100.00 %			



4) Post occupations of the respondents in different sections. As can be seen from the above table, the significance P of the Chi-square test is less than 0.05, indicating a significant difference that the complaints from doctors in the surgical department are significantly higher than the other windows.

**Table 4.8** Complainant occupation in different departments

			Respondent occupation										Total	X <sup>2</sup>	P
			Docto r	Nurs e	Medica re guiding service	Charge personn el	Appointm ent personnel	Medical technicia ns	administrati on staff	Suppo rt crew	Pharma cy staff	Manageme nt layer			
Administrati ve	Non- surgical departme nt	Count	64	7	2	0	9	3	60	7	3	0	155	320.3 04	0.00 0
		Proporti on %	41.30	4.50	1.30%	0.00%	5.80%	1.90%	38.70%	4.50%	1.90%	0.00%	100.00	%	
Operating departme nts	Operating departme nts	Count	84	2	0	1	3	2	6	0	0	0	98		
		Proporti on %	85.70	2.00	0.00%	1.00%	3.10%	2.00%	6.10%	0.00%	0.00%	0.00%	100.00	%	
Executive	Executive	Count	18	0	2	14	9	3	63	54	1	9	173		
		Proporti on %	10.40	0.00	1.20%	8.10%	5.20%	1.70%	36.40%	31.20	0.60%	5.20%	100.00	%	
Diagnostic departme nt	Diagnostic departme nt	Count	4	0	0	0	1	4	1	0	4	0	14		
		Proporti on %	28.60	0.00	0.00%	0.00%	7.10%	28.60%	7.10%	0.00%	28.60%	0.00%	100.00	%	
Total	Total	Count	170	9	4	15	22	12	130	61	8	9	440		
		Proporti on %	38.60	2.00	0.90%	3.40%	5.00%	2.70%	29.50%	13.90	1.80%	2.00%	100.00	%	

### 3. Statistics of patient injury degree

1) The proportion of medical complaints of different levels. As can be seen from the above table, the proportion of 0 degree is relatively high, followed by the degree of 3.

**Table 4.9** The proportion of medical complaints of different levels

Extent of injury			
	Hurt rank	frequency	percentage
Effective	0	408	92.7
	1	3	0.7
	2	2	0.5
	3	10	2.3
	4	6	1.4
	5	8	1.8
	6	3	0.7
	Total		440

2) Degree of injury in various fields. The significance of the Chi-square test is less than 0.05, indicating that the difference is statistically significant, with 0 is relatively high in the management field and 3 is relatively high in the clinical field.

**Table 4.10** The degree of injury and dissatisfaction is related to the processing time

Region	Clinical field		Degree of injury						Total	X <sup>2</sup>	P	
			0	1	2	3	4	5				6
	Clinical field	Count	44	2	1	9	4	7	3	70	119.002	0.000
		Proportion	62.90%	2.90%	1.40%	12.90%	5.70%	10.00%	4.30%	100.00%		
	Management field	Count	177	0	0	1	1	1	0	180		
		Proportion	98.30%	0.00%	0.00%	0.60%	0.60%	0.60%	0.00%	100.00%		
	The field of doctor-patient relationship	Count	41	1	0	0	0	0	0	42		
		Proportion	97.60%	2.40%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%		
	Other areas	Count	146	0	1	0	1	0	0	148		
		Proportion	98.60%	0.00%	0.70%	0.00%	0.70%	0.00%	0.00%	100.00%		
Total		Count	408	3	2	10	6	8	3	440		
		Proportion	92.70%	0.70%	0.50%	2.30%	1.40%	1.80%	0.70%	100.00%		

#### 4. Through the complaint cause analysis

1) Classification of causes of complaint. By the statistics, 7 people complained about the "medical examination error", for 1.6%; 4 complaints were "poor quality of care", for 0.9%; The reason for the complaint was "poor medical quality", for 8.2%; 1 complaint for the "unplanned second operation", for 0.2%; Complaint for "drug error" were 12 people, for 2.7%; Ten complaints for a "potential patient safety incident", for 2.3%; The complaint was filed for 11 people with an "unreasonable medical treatment process", for 2.5%; The reason of complaint was "poor medical environment" among 66 people, accounting for 15%; The complaint was "excessive medical costs" among 53 people, for 12%; The complaint was "overtreatment" for 23 people, of the proportion of 5.2%, The complaint was filed for a "health resources shortage" of five people, Of the 1.1%; 18 complaints were "long waiting time", for 4.1%; 4 of the complaints were called "poor labor discipline", at 0.9%; 16 people complained for the "poor service attitude of doctors", of 3.6%; The reason for the complaint was "poor service attitude of nurses", for 0.7%; The reason for the complaint was that "medical technicians have poor service attitude", for 0.7%; The reason for the complaint was "poor service attitude of other employees", for 3%, The complaint was "invasion of patient privacy", for 1.4%; The cause of the complaint was 1 person with "improper informed consent and notification", for 0.2%; 18 complaints for "other reasons", for 4.1%; The cause of the complaint was 130 for "epidemic causes", for 29.5%.

**Table 4.11** Classification of causes of complaint

Region	Cause	Rate	percentage
Clinical field	The medical examination was wrong	7	1.6
	Poor quality of care	4	0.9
	The quality of the clinic was poor	36	8.2
	Unscheduled secondary surgery	1	0.2
	Drug error	12	2.7
	Potential patient safety event	10	2.3
Management field	The medical treatment process is unreasonable	11	2.5
	Poor medical treatment environment	66	15.0
	Medical costs were too high	53	12.0
	Excessive medical treatment	23	5.2
	Shortage of health resources	5	1.1

**Table 4.11** Classification of causes of complaint (Cont.)

Region	Cause	Rate	percentage
	Long waiting time	18	4.1
	Poor labor discipline	4	0.9
The field of doctor-patient relationship	Doctors had a poor service attitude	16	3.6
	Nurses had a poor service attitude	3	0.7
	Medical technicians had a poor service attitude	3	0.7
	Other employees had a poor service attitude	13	3.0
	Invasion of patient privacy	6	1.4
	Informed consent and improper notification	1	0.2
	Other aspects	Other reasons	18
	The cause of the outbreak	130	29.5
	<b>Total</b>	<b>440</b>	<b>100.0</b>

2) Cross analysis of different sections and fields

(1) Clinical field. The significance of the Chi-square test was less than 0.05, indicating that there were significant differences, among which, the proportion of poor visit quality in the surgical departments was relatively high.

**Table 4.12** Clinical field, Cross-table of department and complaint cause classification

		Cause classification						Total	X <sup>2</sup>	P	
		The medical examination was wrong	Poor quality of care	The quality of the clinic was poor	Unscheduled secondary surgery	Drug error	Potential patient safety event				
section	Non-surgical department	Count	2	2	6	0	7	5	22	57.999	0.000
		Proportion	9.10%	9.10%	27.30%	0.00%	31.80%	22.70%			
	Operating departments	Count	2	2	30	1	1	2	38		
		Proportion	5.30%	5.30%	78.90%	2.60%	2.60%	5.30%			
	Executive	Count	0	0	0	0	0	3	3		
		Proportion	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%			
	Diagnostic department	Count	3	0	0	0	4	0	7		
		Proportion	42.90%	0.00%	0.00%	0.00%	57.10%	0.00%			
Total		Count	7	4	36	1	12	10	70		
		Proportion	10.00%	5.70%	51.40%	1.40%	17.10%	14.30%			

(2) Management field. The significance of the Chi-square test was less than 0.05, indicating that there were significant differences, among which, the proportion of environmental difference in the administrative department was relatively high.

**Table 4.13** In the field of management, Cross-table of department and complaint cause classification

section		Cause classification							Total	χ <sup>2</sup>	P
		The medical treatment process was unreasonable	Poor medical treatment environment	Medical costs were too high	Excessive medical treatment	Shortage of health resources	Long waiting time	Poor labor discipline			
Non-surgical department	Count	3	12	4	10	4	7	2	42	57.999	0.000
	Proportion	7.10%	28.60%	9.50%	23.80%	9.50%	16.70%	4.80%	100.00%		
Operating departments	Count	4	3	22	13	1	1	1	45	100.00%	
	Proportion	8.90%	6.70%	48.90%	28.90%	2.20%	2.20%	2.20%	100.00%		
Executive	Count	4	51	25	0	0	9	1	90	100.00%	
	Proportion	4.40%	56.70%	27.80%	0.00%	0.00%	10.00%	1.10%	100.00%		
Diagnostic department	Count	0	0	2	0	0	1	0	3	100.00%	
	Proportion	0.00%	0.00%	66.70%	0.00%	0.00%	33.30%	0.00%	100.00%		
Total	Count	11	66	53	23	5	18	4	180		
	Proportion	6.10%	36.70%	29.40%	12.80%	2.80%	10.00%	2.20%	100.00%		

(3) The field of doctor-patient relationship. The significance of the Chi-square test was less than 0.05, indicating that there were significant differences, among which, the poor service attitude of other employees in the administrative department was relatively high.

**Table 4.14** The field of doctor-patient relationship, Cross-table of department and complaint cause classification

		Cause classification						Total	X <sup>2</sup>	P	
		Doctors had a poor service attitude	Nurses had a poor service attitude	Medical technicians had a poor service attitude	Other employees had a poor service attitude	Invasion of patient privacy	Informed consent and improper notification				
section	Non-surgical department	Count	8	2	1	3	2	0	16	25.152	0.048
		Proportion	50.00%	12.50%	6.30%	18.80%	12.50%	0.00%			
	Operating departments	Count	7	0	0	0	2	1	10		
		Proportion	70.00%	0.00%	0.00%	0.00%	20.00%	10.00%			
	Executive	Count	1	1	1	8	1	0	12		
		Proportion	8.30%	8.30%	8.30%	66.70%	8.30%	0.00%			
	Diagnostic department	Count	0	0	1	2	1	0	4		
		Proportion	0.00%	0.00%	25.00%	50.00%	25.00%	0.00%			
Total		Count	16	3	3	13	6	1	42		
		Proportion	38.10%	7.10%	7.10%	31.00%	14.30%	2.40%			



(4) Other areas. The significance of the Chi-square test was less than 0.05, indicating that there was a significant difference, and the proportion of the outbreak causes in non-surgical departments was relatively high.

**Table 4.15** Other reasons, Cross-table of department and complaint cause classification

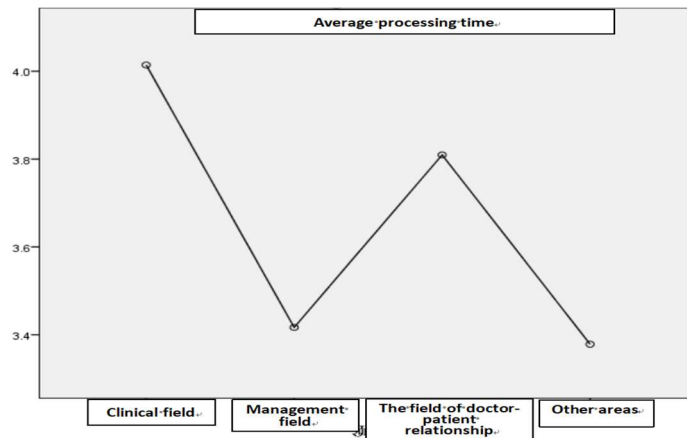
section	Cause classification		Cause classification		Total	X <sup>2</sup>	P
			Other reasons	Total			
Non-surgical department	Total	2	73	75	12.852	0.002	
	Total	2.70%	97.30%	100.00%			
Operating departments	Total	1	4	5	12.852	0.002	
	Total	20.00%	80.00%	100.00%			
Executive	Total	15	53	68	12.852	0.002	
	Total	22.10%	77.90%	100.00%			
Total	Count	Total	130	148	12.852	0.002	
	Proportion	Total	87.80%	100.00%			

### 5. Handling time statistics

1) Handling time. The significance was less than 0.05, indicating that there were significant differences, and that the average processing time in the clinical field was longer.

**Table 4.16** Handling time and analysis of various fields

Handling time	Average value	Standard deviation	F	Significance
Clinical field	4.01	1.083	5.14	0.002
Management field	3.42	1.298		
The field of doctor-patient relationship	3.81	1.486		
Other areas	3.38	1.29		
Total	3.54	1.301		



**Figure 4.4** Statistical chart of processing time (days) in various fields

2) Time of handling complaints for various reasons. The significance was less than 0.05, indicating that there were significant differences, among which, the mean handling time of poor service attitude of medical technicians was longer.

**Table 4.17** The cause of the complaint and the handling time relationship

Handling time	Average value	Standard deviation	F
The medical examination was wrong	3.43	1.134	2.135
Poor quality of care	4.50	0.577	
The quality of the clinic is poor	4.06	1.040	
Unscheduled secondary surgery	3.00	0.000	
Drug error	4.08	0.996	
Potential patient safety event	4.10	1.449	
The medical treatment process is unreasonable	2.91	0.701	
Poor medical treatment environment	3.15	1.167	
Medical costs are too high	3.45	1.280	
Excessive medical treatment	4.17	1.557	
Shortage of health resources	4.00	1.000	
Long waiting time	3.44	1.423	
Poor labor discipline	3.50	1.732	
Doctors have a poor service attitude	3.88	1.821	
Nurses have a poor service attitude	2.33	0.577	
Medical technicians have a poor service attitude	4.67	1.528	

**Table 4.17** The cause of the complaint and the handling time relationship (Cont.)

Handling time	Average value	Standard deviation	F
Other employees have a poor service attitude	3.62	1.121	
Invasion of patient privacy	4.33	1.366	
Informed consent and improper notification	4.00	0.000	
Other reasons	3.89	1.410	
The cause of the outbreak	3.31	1.263	
Total	3.54	1.301	

### 6. Processing results statistics

1) Relationship between handling result and complainant. The significance of the Chi-square test was higher than 0.05, indicating that there was no significant difference between the outcome of treatment and whether the complainant-patient relationship was resolved.

**Table 4.18** The relationship between handling results and complaint characteristics

		Whether the processing results were resolved		Total	X <sup>2</sup>	P	
		No	Yes				
Complainant-patient relationship	self	Count	85	198	283	0.026	0.872
		Proportion	30.00%	70.00%	100.00%		
	The patient's family	Count	46	111	157		
		Proportion	29.30%	70.70%	100.00%		
Total		Count	131	309	440		
		Proportion	29.80%	70.20%	100.00%		

2) Whether there was a relationship between the treatment results and the departments. The significance of the Chi-square test was less than 0.05, indicating that there were significant differences and high resolution of non-surgical departments.

**Table 4.19** The relationship between the departments and the processing results

			Whether the processing results were resolved		Total	X <sup>2</sup>	P
			No	Yes			
Section	Non-surgical department	Count	33	122	155	10.015	0.018
		Proportion	21.30%	78.70%	100.00%		
	Operating departments	Count	32	66	98		
		Proportion	32.70%	67.30%	100.00%		
	Executive	Count	59	114	173		
		Proportion	34.10%	65.90%	100.00%		
	Diagnostic department	Count	7	7	14		
		Proportion	50.00%	50.00%	100.00%		
Total		Count	131	309	440		
		Proportion	29.80%	70.20%	100.00%		

3) Between treatment methods and results. The significance of the Chi-square test was less than 0.05, indicating that there were significant differences and the resolution of the proposed corrective measures was relatively high.

**Table 4.20** The relationship between the handling situation and the processing results

			Whether the processing results were resolved		Total	X <sup>2</sup>	P
			No	Yes			
Handling the situation	Communicate according to regulations	Count	119	209	328	27.239	0.000
		Proportion	36.30%	63.70%	100.00%		
	Put forward corrective measures	Count	10	95	105		
		Proportion	9.50%	90.50%	100.00%		
	Other	Count	2	5	7		
		Proportion	28.60%	71.40%	100.00%		

**Table 4.20** The relationship between the handling situation and the processing results (Cont.)

		Whether the processing results were resolved		Total	X <sup>2</sup>	P
		No	Yes			
Total	Count	131	309	440		
	Proportion	29.80%	70.20%	100.00%		

### 7. Satisfaction statistics

1) General situation in the past four years. The significance of the Chi-square test was less than 0.05, indicating significant differences and a high proportion of satisfaction observed in 2022.

**Table 4.21** Year and telephone response satisfaction cross-sheet

Year		Telephone response to satisfaction			Total	X <sup>2</sup>	P
		Discontent	Be basically satisfied	Satisfied			
2019	Count	13	26	12	51	37.862	0.000
	Proportion	25.50%	51.00%	23.50%	100.00%		
2020	Count	7	20	13	40		
	Proportion	17.50%	50.00%	32.50%	100.00%		
2021	Count	18	49	41	108		
	Proportion	16.70%	45.40%	38.00%	100.00%		
2022	Count	37	59	145	241		
	Proportion	15.40%	24.50%	60.20%	100.00%		
Total	Count	75	154	211	440		
	Proportion	17.00%	35.00%	48.00%	100.00%		

2) There was a relationship between the injury degree and dissatisfaction and handling time. Correlation analysis refers to the process of describing and analyzing the nature of the interrelationship between two or more variables and its degree of correlation. Mark \* number in the upper right corner of the correlation coefficient 同

indicate that there was no correlation. If the significance is less than 0.05 and the correlation coefficient is greater than 0, it indicates a positive correlation between two variables, and less than 0 indicates a negative correlation between two variables.

Therefore, it can be seen from the table that the significance of injury degree and satisfaction was less than 0.05, indicating that there was a significant correlation between two pairs, and the correlation coefficient of each variable was less than 0, indicating that there was a significant negative correlation. The significance of the injury degree and the handling duration was less than 0.05, and the correlation coefficient was greater than 0, indicating that there was a significant positive relationship.

**Table 4.22** The relationship between the degree of injury and satisfaction and processing time

		Extent of injury	Telephone response to satisfaction	Handling time
Extent of injury	Relativity	1	-0.099*	0.147**
	Conspicuousness		0.037	0.002
	The number of cases	440	440	440
Telephone response to satisfaction	Relativity	-0.099*	1	-0.035
	Conspicuousness	0.037		0.463
	The number of cases	440	440	440
Handling time	Relativity	0.147**	-0.035	1
	Conspicuousness	0.002	0.463	
	The number of cases	440	440	440

\*. At the 0.05 level (two-tailed), the correlation was significant.

\*\* . At the 0.01 level (two-tailed), the correlation was significant.

The significance of the Chi-square test was less than 0.05, indicating significant differences and high satisfaction of the proposed corrective measures.

**Table 4.23** The relationship between the handling situation and the satisfaction degree and the handling duration

		Telephone response to satisfaction			Total	X <sup>2</sup>	P
		Discontent	Be basically satisfied	Satisfied			
Handling the situation	Communicate according to regulations	Count	55	120	153	328	12.713
		Proportion	16.80%	36.60%	46.60%		
	Put forward corrective measures	Count	16	31	58	105	100.00%
		Proportion	15.20%	29.50%	55.20%		
	Other	Count	4	3	0	7	100.00%
		Proportion	57.10%	42.90%	0.00%		
Total	Count	75	154	211	440	100.00%	
	Proportion	17.00%	35.00%	48.00%			

3) The relationship between patient satisfaction and problem solving. The significance of the Chi-square test was less than 0.05, indicating significant differences and high satisfaction of the treatment results.

**Table 4.24** Handling the existing relationship between handling outcomes and satisfaction

		Telephone response to satisfaction			Total	X <sup>2</sup>	P
		Discontent	Be basically satisfied	Satisfied			
Whether the processing results are resolved	No	Count	40	39	52	131	24.023
		Proportion	30.50%	29.80%	39.70%		
	Yes	Count	35	115	159	309	
		Proportion	11.30%	37.20%	51.50%		
Total	Count	75	154	211	440	100.00%	
	Proportion	17.00%	35.00%	48.00%			

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

In this study, the medical complaint management system of this hospital is relatively perfect. The hospital has a special complaint management organization and full-time staff. When patients complain, the fixed complaint processing process is adopted to ensure the smooth response channels and the response personnel, so as to appease the patients' emotions in the first time, reduce the escalation of medical complaints, and ensure the smooth progress of the hospital work. However, there are still problems in the complaint management process in the clinical field, management field, doctor-patient relationship field and other fields, which should be continuously improved according to the problems in the management process.

1. From 2019 to 2022, the complaint data in 2022 increased significantly due to the epidemic affected the inspection of nucleic acid (a 24-hour nucleic acid negative certificate must be held during the strict period). The problems about nucleic acid testing accounted for 43.2% of the complaints in that year, while the overall complaint data of the research medical institution in the four years remained balanced without great fluctuations.

2. After research, the hospital needed to focus on optimization and rectification in the management field (outpatient window, administrative department, inpatient department) and the clinical field (inpatient department, outpatient window) with the most complaints, strengthen the daily training of doctors, administrative personnel and logistics personnel, and enhance the service awareness of personnel, so as to improve the quality of medical services.

3. After research, there was no obvious difference in the gender of the complainant, and they were more willing to report problems to the higher authorities and made more complaints for themselves; most complainants were the doctors, followed by administrative management personnel, logistics personnel and appointment registration personnel; the doctors were most likely to produce complaints during the outpatient service; the administrative personnel, appointment personnel, medical technicians and management personnel were most likely to cause complaints due to the outpatient amount problems; the logistics management personnel and charging personnel were most likely to produce complaints during working in the business office.



4. Complaints from doctors mostly occurred in surgical departments and non-surgical departments; complaints from administrative personnel can easily occur in non-surgical departments and administrative departments. Non-surgical departments and the administrative department had caused complaints.

5. The most damage level was 0, followed by level 3.

6. According to the statistical reasons for complaints, patients reported poor medical environment, high medical expenses, poor medical quality and excessive medical treatment, accounting for more than 5% of the total.

7. According to statistics, the handling time in the clinical field was longer than that in other fields, and the overall average handling time was 3.54 days. Through the specific analysis of the causes of complaints, the average handling time caused by poor service attitude of medical technicians was higher.

8. There was no obvious management of the relationship between treatment results and patients; The problem solving rate of non-surgical departments was 78.7%. The highest proportion of those who put forward corrective measures to solve complaints was 90.5%.

9. High satisfaction of complaint handling in 2022; There was a negative correlation between injury degree and satisfaction degree, a positive correlation between injury degree and handling time. The satisfaction of the rectification measures proposed and the treatment results solved is higher.

### **Guidelines for Optimizing Medical Service Quality in General Hospitals by Utilizing the Concept of Customer Relationship Management to Respond to Patient Complaints**

*"From the complaint management work, the optimization of medical institutions can not only reduce the work pressure of administrative workers, reduce the loss of their original intention due to heavy complaints, and the measures and methods they take are worth trying in the hospital" (Expert Interview).*

This survey delves into the current situation of patient complaints in general hospitals, revealing several critical insights:

1) Increasing Complaints: Over the past four years (2019-2022), the number of patient complaints has seen a substantial rise, with a total number of 440 cases. Significant growth in the share of complaints due to the new crown outbreak (2.5% in

2019 - 43.2% in 2022), as the occurrence of the new crown outbreak increased the number of complaints each year. This upward trend underscores the urgency of improving the complaint management system.

2) Top Complaint Areas: The study categorizes complaints into different areas, with the highest proportion arising from "management" issues (40.9%), followed by "other fields" (33.6%). The clinical field and the doctor-patient relationship field also have complaints, partly attribute to the impact of the COVID-19 pandemic.

3) Complainant Characteristics: There are both male and female complainants, with doctors being the largest group (38.6%). Various other hospital staff are also the subject of complaints.

4) Patient Injury: A significant proportion of complaints do not report any injury, including categories such as medical errors, poor service attitudes, and high costs. Notably, complaints related to the "epidemic causes" account for a large proportion (29.5%) of the total number of complaints.

5) Handling Time and Resolution Rate: The research underscores variations in handling times across different fields, with clinical issues often taking longer. Additionally, resolution rates differ among hospital departments, with non-surgical departments showing higher rates.

Healthcare organizations, particularly general hospitals, play a pivotal role in maintaining the well-being of society. Ensuring the quality of healthcare services is not only a matter of ethical responsibility, but also one of paramount importance to the health and satisfaction of patients. A comprehensive understanding of patient complaints and a structured approach to addressing them are essential components of enhancing medical service quality. According to the latest research, this section presents guidelines for general hospitals to optimize service quality by utilizing Customer Relationship Management (CRM) principles in managing and responding to patient complaints.

### **1. Enhancing Complaint Management Structure**

General hospitals should adopt a structured approach to complaint management. This includes clear designation of responsibilities within the hospital. While many hospitals have established special complaint agencies and responsible personnel, it is crucial to formalize the establishment of complaint departments and specify the number of staff required for efficient handling. Enhancing the complaint management structure will be a crucial aspect in terms of its overall framework, which will help address patient complaints. Healthcare experts have emphasized the hospital's challenges or issues as follows

*“The particularity of the hospital industry, whose original organization structure is huge, the inertia is very strong. Excessive or strong adjustment of hospital organizational structure is easy to produce resistance and may increase internal complaints, which will make the hospital organization adjustment difficult and bring other risks.”* (Expert Interview).

Effective complaint management is a cornerstone of quality healthcare services. General hospitals, as primary healthcare providers, are entrusted with the well-being and satisfaction of their patients. Ensuring patient complaints handled efficiently and professionally is not only an ethical obligation but also a strategic imperative for these institutions. In this regard, adopting a structured approach to complaint management is essential. This includes clearly designating responsibilities within the hospital and formalizing the establishment of complaint departments with specified staff numbers. In this essay, we will delve deeper into why these structural improvements are critical to the healthcare industry.

#### The Importance of a Formalized Complaint Management Structure

1) Clarity and Accountability: A formalized complaint management structure eliminates ambiguity. By designating specific responsibilities, everyone within the hospital knows their role in addressing patient complaints. When the structure is clearly defined, accountability becomes more apparent, which ensure issues are addressed promptly and effectively.

2) Efficient Handling: Complaints in healthcare can vary in complexity and urgency. Having a dedicated department with an assigned number of staff ensures complaints handled efficiently. Whether it's a minor concern or a severe issue, a structured approach ensures that each complaint receives the attention it deserves without overburdening any one individual or department.

3) Consistency: Patients expect consistent and fair treatment when they express their concerns. A structured approach ensures that all complaints are processed in a uniform manner, following established protocols and timelines. This consistency helps build trust with patients, as they know what to expect during the complaint resolution process.

4) Streamlined Communication: A well-organized complaint department acts as a central hub for communication between patients, healthcare providers, and hospital management. This centralized approach streamlines communication, making it easier to gather relevant information, involve the necessary parties, and reach resolution efficiently.

5) Professionalism: Complaints can sometimes involve sensitive issues or emotional distress. Staff trained in formalized complaints departments are better equipped to handle these situations in a professional, compassionate and confidential manner. They can follow the established protocols for conflict resolution and patient communication, ensuring a respectful and dignified process.

6) Continuous Improvement: A structured complaint management system provides large amounts of data that can be analyzed to identify recurring issues and areas for improvement. Hospitals can use this information to refine their practices, enhance the quality of care, and prevent future complaints.

To establish a formalized complaint management structure, general hospitals should consider the following steps:

1) Identification of Responsible Personnel: Clearly identify individuals or teams responsible for complaint management. Designate a department head or coordinator to oversee the entire process.

2) Staffing and Training: Determine the optimal number of staff required based on the hospital's size and the expected volume of complaints. Ensure that these employees are trained to effectively handle complaints, resolve conflicts, and communicate with patients.

3) Standard Operating Procedures: Develop comprehensive standard operating procedures (SOPs) for complaint management. These procedures should cover complaint inception, classification, investigation, resolution, and communication with patients.

4) Technology Integration: Implement complaint management software or systems to effectively track, report and analyze complaints and the technology could also help automate some aspects of the complaints process.

5) Feedback Mechanisms: Establish feedback mechanisms to gather insights from patients and staff involved in complaint management. Regularly review and update procedures based on these insights.

6) Promote a Culture of Improvement: Encourage a culture of continuous improvement within the complaint department. This involves learning from past complaints and proactively addressing potential issues.

Enhancing the complaint management structure in general hospitals is a vital step toward delivering quality healthcare services. A formalized structure brings clarity, efficiency, and consistency to the complaint resolution process. It ensures that patient concerns are addressed with professionalism and empathy, fostering trust and satisfaction. By implementing these structural improvements, hospitals can not only

effectively address complaints, but also proactively identify areas for improvement and improve the overall quality of healthcare services.

## **2. Streamlining the Complaint Process**

Efficiency is a vital factor in the successful management of patient complaints in hospitals. The ability to promptly and effectively address patients' concerns can not only improve their experience but also contribute to the overall quality of healthcare services. To achieve this, hospitals must establish standardized procedures for receiving, categorizing, and resolving complaints.

The significance of the efficient complaint process:

1) **Timely Resolution:** Patients' complaints often involve urgent matters related to their health or well-being. An efficient process can ensure these complaints are addressed promptly. Delays in resolution can lead to patient dissatisfaction and potentially escalate the issue.

2) **Consistency:** Standardized procedures guarantee that every complaint is treated uniformly. Regardless of the nature of the complaint or the department involved, patients can expect a consistent and fair approach to addressing their concerns.

3) **Resource Allocation:** Efficient complaint handling optimizes the allocation of hospital resources. By categorizing complaints and directing them to the appropriate departments or personnel, hospitals can ensure that the right people are handling problems, thereby reducing duplication of effort and saving time and effort.

4) **Enhanced Patient Trust:** Patients are more likely to trust a healthcare institution that demonstrates a commitment to addressing complaints efficiently. A streamlined process conveys the message that the hospital values patient feedback and takes it seriously.

5) **Data Utilization:** An efficient complaint process generates valuable data that can be used for quality improvement. By tracking and categorizing complaints, hospitals can identify trends, recurring issues, and areas for enhancement in their services.

To streamline the complaint process effectively, hospitals should consider the following steps:

1) **Standardized Procedures:** Develop clear and comprehensive standard operating procedures (SOPs) for handling complaints. These SOPs should outline the steps from initial complaint receipt to resolution and follow-up.

2) **Categorization:** Implement a system for categorizing complaints based on their nature and severity. This effectively transfers the complaint to the appropriate

department or person. Categories may include clinical, administrative, billing, or facilities-related complaints.

3) Escalation Protocols: Establish protocols for escalating complex or serious complaints to hospital leadership and supervisory departments. These cases may require higher-level intervention or additional review.

4) Electronic System: Invest in complaint management software or an electronic system to facilitate tracking and management. Such systems can automate many aspects of the complaint process, including notifications, reminders, and reporting.

5) Staff Training: Ensure that staff members involved in complaint management are well-trained in conflict resolution, effective communication, and patient empathy. Training should align with the established SOPs.

6) Continuous Improvement: Regularly review and update the complaint process based on feedback, data analysis, and emerging best practices. Hospitals should strive for ongoing improvement to adapt to changing patient needs and expectations.

7) Feedback Loop: Establish a feedback loop that allows patients to provide input on their complaint resolution experience. Use this feedback to refine procedures and enhance patient satisfaction.

Streamlining the complaint process is a critical aspect of effective hospital complaint management. Efficiency not only ensures that patient concerns are addressed promptly and consistently but also enables hospitals to make data-driven improvements to their services. By implementing standardized procedures, categorization systems, and electronic tools, hospitals can enhance patient trust, allocate resources more effectively, and continuously strive for excellence in healthcare delivery. Ultimately, a streamlined complaint process contributes to the overall quality and reputation of the hospital.

### **3. Use CRM principles to enhance patient complaint management**

In the healthcare sectors, the effective management of patient complaints is not only a matter of addressing grievances but an opportunity to build and nurture relationships. By adopting Customer Relationship Management (CRM) principles, hospitals can transform the way they handle complaints, ultimately leading to improved patient satisfaction, loyalty, and healthcare service quality. Customer Relationship Management, often associated with businesses, is increasingly finding its place in healthcare institutions. In essence, CRM is about understanding, engaging, and satisfying the needs of customers (patients). When applied to healthcare settings, CRM

entails adopting strategies and tools to manage patient interactions, feedback, and complaints in a holistic and organized manner.

Key aspects of implementing CRM principles

1) Efficient Data Management: CRM software is a valuable tool for managing patient interactions and complaints. It can systematically collect and store patient data, including their complaints. This data can be categorized based on various parameters, such as the type of complaint, department involved, and severity.

2) Personalized Responses: CRM principles emphasize personalized interactions. By having a comprehensive view of a patient's history and past complaints, healthcare providers can tailor their responses to address specific concerns and preferences. This personal touch can go a long way in making patients feel heard and valued.

3) Streamlined Communication: Effective communication is a cornerstone of CRM. CRM software facilitates streamlined communication both within the hospital staff and with patients. It ensures that messages are delivered promptly and reduce response times for complaints.

4) Tracking and Analysis: CRM tools offer robust tracking capabilities. Hospitals can monitor the progress of complaints in real-time and ensure that they are addressed within defined time frame. Furthermore, CRM analytics can provide insights into recurring issues, enabling hospitals to make improvements based on data.

Steps to Implement CRM Principles:

1) Selecting CRM Software: Hospitals should invest in CRM software that is tailored to their specific needs and the software should allow for easy data capture, categorization, and analytics.

2) Staff Training: Hospital staff should be trained in the use of CRM software and CRM principles. This includes understanding the importance of patient-centered care and efficient complaint resolution.

3) Data Security: Given the sensitive nature of healthcare data, hospitals must prioritize data security and compliance with relevant regulations ( such as HIPAA in the United States).

4) Continuous Improvement: CRM implementation should be an ongoing process. Hospitals should regularly review their complaint management procedures and CRM system to identify areas for improvement.

CRM is about understanding, engaging, and satisfying the needs of customers

(in this case, patients), by implementing the PDCA cycle, which will result in continuous improvement in the quality-of-service delivery.

*“The CRM for handling complaints are as follows: First, the PDCA theory. Execution of P (plan), D (Do), C (inspection), A (action), handle and summarize inspection results, confirm successful experience, and summarize failure lessons. Unresolved issues shall be submitted to the next PDCA cycle. The PDCA cycle is suitable for all stepwise management efforts” (Expert Interview).*

*“The person in charge of the discipline inspection and supervision department of the hospital inform the patients that the hospital have received the problem reflected by them, and the branch office of the discipline inspection and supervision department of the hospital is handled by the price department. Second, the person in charge of the hospital discipline inspection and supervision department will be the patient's attending physician, nurse, finance section agreed time to fully communicate with the patient. Third, the complainant's feedback suggestions and generate doubt place, reasonable adoption, and actively develop measures. The fourth is to improve the weak points of management, strengthen management, deduct points from the performance of the department complained about, and inform the complainant. After receiving such communication and exchange, the complainant express satisfaction and acknowledge the hospital's treatment” (Expert Interview).*

Adjusting the concept of Customer Relationship Management (CRM) and organizational management is essential. According to the CRM concept, the discipline inspection and supervision office within the organization are equivalent to the Customer Relationship Management department. They need to understand and address customer needs, identify patient complaints, analyze and evaluate solutions from various departments, implement feedback with the discipline inspection office, and provide unified reports to the discipline inspection and supervision office.

The discipline inspection and supervision office should approach issues from the complainant's perspective and align with the core idea to foster harmonious



doctor-patient relationships in the name of the hospital. This approach can facilitate quicker and more effective solutions. However, it's important to note that implementing CRM practices in the healthcare industry may raise ethical or privacy concerns. Therefore, when managing hospitals, it is crucial to prioritize CRM software that can address these concerns efficiently.

*“The implementation of customer relationship management practices in the healthcare industry has ethical or privacy issues, and the registration of complaints involves the person's hospitalization number or ID number to identify the specific incident. This issue depends on the complainant, and some patients request non-disclosure of personal information and are reluctant to communicate with all parties, which can make investigations difficult. Patient complaints sometimes do not involve medical treatment, but in order to reduce the awareness of the patient's health status and personal situation, the attending physician needs to communicate with the patient to further address these issues”* (Expert Interview).

Adopting CRM principles and utilizing CRM software can revolutionize the management of patient complaints in healthcare institutions. It's not just about addressing grievances, but about building and nurturing patient relationships. By efficiently collecting and categorizing complaint data, offering personalized responses, and leveraging analytics for quality improvement, hospitals can enhance the overall patient experience and elevate the quality of healthcare services. In today's competitive healthcare field, CRM principles are a strategic imperative for hospitals aiming to thrive by delivering patient-centred care.

#### **4. Proactive Approach to Patient Communication**

In the ever-evolving field of healthcare, patient communication is a key factor that can significantly impact the overall quality of care and patient satisfaction. Hospitals must not only respond effectively to complaints but also adopt a proactive approach to patient communication.

*“CRM is customer-centered concept, and its core is the management relationship between the organization and customers, ensures mutual trust communication, complete record and*

*management, and focuses on classifying customer historical data, detailed records and later tracking communication” (Expert Interview)*

The relationship between patients and healthcare providers has evolved over the years. Patients now expect more than just medical expertise and they seek personalized, patient-centered care. In this context, proactive patient communication is not merely a choice but a necessity for hospitals striving to meet patients’ higher expectations.

Elements of a Proactive Approach:

1) Ask for feedback regularly: Hospitals should establish systematic mechanisms for regularly soliciting patient feedback. This can be done through surveys, suggestion boxes, or online platforms. The goal is to create an environment where patients feel encouraged to share their thoughts and concerns.

2) Timely Response: Soliciting feedback is just the first step. Hospitals must show their determination to deal with problems in a timely manner. Even small problems should be taken seriously and solved in time. This not only prevents problems from escalating, but also shows patients that their voice matters.

3) Open Channels of Communication: Effective communication is a two-way street. Hospitals should establish open channels through which patients can reach out with their concerns, questions, or suggestions. Whether it's a dedicated helpline or an online portal, accessibility is key.

4) Proactive Issue Identification: Beyond waiting for patients to voice their concerns, hospitals should proactively identify potential issues. This can be done through data analysis, patient interviews, or regular check-ins. By detecting problems early, hospitals can nip them in the bud.

Implementing a proactive approach:

1) Cultural Shift: Proactive communication should take root in the hospital's culture. It starts with a mindset that values patient feedback and sees it as an opportunity for improvement.

2) Training: Hospital staff, from clinicians to administrative personnel, should be trained in the principles of proactive communication, which includes active listening, empathy, and effective problem-solving.

3) Technology: Leveraging technology can facilitate proactive communication. Hospitals can use patient relationship management (PRM) software to collect and analyze feedback efficiently.

4) Feedback Loop: Hospitals should establish a feedback loop to form a closed loop. Patients should be informed about the actions taken in response to their feedback to demonstrate transparency and accountability.

A proactive approach to patient communication is not a mere addendum to healthcare practices but an essential element of delivering quality care. It signifies a commitment to patient-centered and a dedication to continuous improvement. By actively seeking feedback, addressing concerns promptly, and preventing issues from escalating, hospitals can enhance patient satisfaction, build trust, and elevate the quality of healthcare services. In a healthcare environment where patient expectations are constantly changing, proactive communication is a necessary strategy for hospitals to strive for excellence in patient care and experience.

### **5. Cooperation and Communication**

In the field of healthcare, effective complaint management is not solely the responsibility of a dedicated complaints department or a select few individuals. Instead, it is a collective effort that involves hospital staff in all departments of hospital. Cooperation and communication are the two fundamental pillars upon which this effort must stand.

*“The person in charge of the discipline inspection and supervision department of the hospital informs the patients that the hospital has received the problem reflected by them, and the branch office of the discipline inspection and supervision department of the hospital is handled by the price department. Second, the person in charge of the hospital discipline inspection and supervision department, will be the patient's attending physician, nurse, finance section agreed time to fully communicate with the patient. Third, the suggestions and questions raised by the complainants should be reasonably adopted and measures should be actively formulated. Fourth, to improve the weak points of management, strengthen management, the performance of the department under complaint need to be deducted, and inform the complainant. After receiving such communication and exchange, the complainant express satisfaction and acknowledge to the hospital's treatment”*  
(Expert Interview).

The significance of cooperation:

1) Efficiency: Complaint resolution often requires the involvement of multiple departments. When staff members collaborate seamlessly, complaints can be addressed more efficiently. Delays caused by interdepartmental disputes or lack of cooperation can lead to patient dissatisfaction.

2) Resource Optimization: Cooperation ensures that the right resources are allocated to resolve complaints. It prevents redundancy and minimizes the waste of time and effort by assigning complaints to the most appropriate personnel.

3) Consistency: A cooperative approach promotes consistency in handling complaints. Regardless of which department is involved, patients can expect a uniform and fair response to their concerns.

4) Enhanced Patient Experience: Patients will appreciate when their concerns are taken seriously and addressed promptly. Cooperative employees can create an environment of trust, which is essential for patients' satisfaction and loyalty.

The role of communication:

1) Timely Resolution: Clear communication channels facilitate timely complaint resolution. Information flows seamlessly between departments to ensure that complaints are addressed promptly and efficiently.

2) Transparency: Open and transparent communication with complainants is crucial. Patients should be kept informed about the progress of their complaints, which can help alleviate anxiety and frustration.

3) Feedback Loop: Effective communication establishes a feedback loop that allows patients to provide opinions of their complaint resolution experience. This feedback is invaluable for improving processes and enhancing patient satisfaction.

To promote cooperation and improve communication in complaint management, hospitals should consider the following steps:

1) Interdepartmental Meetings: Regular meetings that involve representatives from various departments can facilitate communication and cooperation. These meetings can serve as forums for discussing common challenges and sharing best practices.

2) Clear Protocols: Develop and communicate clear protocols for how departments should collaborate on complaint resolution. Define roles and responsibilities to avoid confusion.

3) Training: Provide staff with training on effective communication and resolving conflicts and let them master the skills required for the complaints in a professional and sympathy way.

4) Feedback Mechanisms: Establish feedback mechanisms that allow departments to provide opinions on the complaint management process. Encourage staff to share their insights and ideas for improvement.

5) Communication Technology: Invest in communication tools or software that enable seamless information sharing and tracking. Such tools can help automate notifications and reminders for follow-ups.

6) Patient Updates: Implement a system for providing regular updates to complainants. Even if the problem is not resolved, keeping patients informed can improve their perception of the hospital's commitment to addressing their concerns.

7) Celebrate Successes: Recognize and celebrate instances where departments have successfully worked together to resolve complaints. Positive reinforcement can encourage ongoing cooperation.

Cooperation and communication are indispensable elements of effective hospital complaint management. When staff members of all departments work together harmoniously and communicate clearly, patient complaints can be resolved efficiently and to the satisfaction of all parties involved. By fostering a culture of cooperation, implementing transparent communication channels, and continually seeking feedback, hospitals can enhance the overall patient experience and elevate the quality of their healthcare services. Ultimately, cooperation and communication are the key to maintaining trust, reputation, and patient loyalty in the healthcare industry.