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Restoring the Performance of a Health Care Organization Following the First Wave of COVID-19 by Using Patient Complaint Data

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Knowledge has a pivotal meaning in the midst of the uncertainty caused by COVID-19. Research results are pending all over the world from medicine and health care researchers because the pandemic is global and because so much about it that is unknown. Medical knowledge grows continuously but very gradually, in small increments. The thirst for knowledge is huge for health care professionals, authorities, politicians, business people, and for all of us as citizens. Knowledge about COVID-19 is increasing, but patients' experiences in accessing and receiving care during the pandemic is also worth studying. So far, the research concerning patient complaint data from a patient-centered perspective remains lacking. A literature search of the ExLibris Primo Central by the Library of the University of Lapland using the following search terms with all items "patient complaint data" AND "COVID-19," "patient complaint" AND "COVID-19," "patient complaint data" AND "coronavirus," "patient complaint" AND "coronavirus" was conducted and accessed on December 9, 2020. Some studies and reports have focused on patient safety or patient safety culture mainly from the perspective of the personnel of a health care organization (1–4). The Google search engine with the same search terms revealed that patients' right to complain about care like patient harms or data protection during COVID-19 has received attention in health care systems of countries, and reports of patient complaint data are now available from that period (eg, 5–8). In another Google search ("patient complaint article 2020"), one news article referred to similar problems in health care as Finland has such as delays in access to secondary care (9). The knowledge acquired from patient complaint data could help to organize care in more appropriate and efficient ways and avoid the problems experienced to date in providing care during the COVID-19 pandemic.

During the COVID-19 pandemic, patient complaints have played an important role in revealing novel or untraditional and attention-requiring issues in access to care. Treatments have been largely canceled or transferred by Finnish community and regional health care providers (10). The resulting challenge will be in establishing queues for care in the future. For example, nonurgent visits to outpatient care departments have decreased by almost half since the beginning 2020 (11). Both in primary health care and in specialized medical care, discussions are taking place about "care dept" (10,11). This term refers to delays in diseases diagnosis and care access (12–14). Here, care department focuses on public health care providers' patient treatment that has not been carried out for one reason or another in a planned time. Furthermore, the symptoms affecting health and functional capacity tend to worsen and grow complicated, and the possible expectations of good care results may be lost or altered to moderate care results. In Finland, timely access to care in primary and specialized medical care have been previously regulated so that people did not have to wait for an unreasonably long time in queue and so that there were time limits to provide care in these settings. The time limits are legal deadlines in which the separate medically assessed time to receive care should comply to. According to the Healthcare Act (2010/1326; Sections 51 and 52), after assessing the need for treatment, primary health care services

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should be provided within 3 months and specialized health care services within 6 months. Before the regulated sections of the act pertaining to timely access to care, queues for care could take over a year or more. During the first wave of COVID-19, care providers are especially concerned about patients with untreated chronic sicknesses (11,15). Furthermore, people who were exposed to or quarantined because of COVID-19 have had more difficulty accessing treatments other than for coronavirus. The peculiar aspect of this situation is that, at the same time, the total number of COVID-19 patients has been quite manageable. In the largest health care district in Finland, the total number of treated COVID-19 patients has been 626, and in intensive care, the total number of patients has been 143 as of June 9, 2020. (16) The total nation wide numbers in relation to 1 million inhabitants has been 25 per day in intensive care and 80 per day in hospital care. (17) At the beginning of the COVID-19 pandemic, the Finnish Government declared a state of emergency under the Emergency Powers Act, which affected central sections of the HealthCare Act (2010/1326) and did not take into account primary health care and specialized medical care. The absence of time limits resulted in an increase in queues for care and the prolonging of access to care. Timely access to care is still impossible to achieve, although the Emergency Powers Act was lifted on June 16. Resolving the care queues, in the worst case scenario, will take several years.

The problems of access of care have impacted surgical operations, treatments, health checks, and controls. The patient ombudsmen of health care organizations receive complaints from patients, relatives, friends and other close persons, and health care professionals encounter complaints during the provision of care. Patient complaints play a role in investigating and solving all kinds of problems of care that are handled by the personnel and management of care units. Compared to minor or even severe patient complaints (such as concerning quality of treatment and communication) under "normal" circumstances, (18–20) new and numerous difficulties with access to care have arisen during the first wave of COVID-19. Reasons for treatment not being provided could be patient-, care unit-, health care organization-, or public policy-oriented. Furthermore, patient complaint data can help determine such reasons. Patient complaint data can show much more than just care queue numbers. Such data along with their responses can reveal both reasons for and consequences of what and why these have happened. Therefore, several factors can play a role in solving problems of receiving or providing care. Patients may have canceled care for several reasons, including their fear of coronavirus or a history of bad experiences relating to personnel's precautions against COVID-19 being insufficient. The care unit can have its own governance plan to cancel or transfer care, and therefore, allocate its capacity or resources between COVID-19 and non-COVID-19 patients. At the organizational level, the executives have to make decisions on issues such as how un-urgent care overburdens hospitals at the municipal or regional health care level. For example, decisions are made about which hospitals and health care centers should be reserved for COVID-19 patients, and some of their non-COVID-19-related services may be shifted to other hospitals and health care centers. Politicians and health care authorities make national level decisions about the Acts and protection from COVID-19, which affects patients' care. Furthermore, patient complaints show the consequences to patients in terms of sicknesses and symptoms and effects on school, study, work, and daily life. (21) Regarding the social, physical, and mental impacts of COVID-19, with its restrictions and the associated difficulties to accessing care, (10,22) patients' overall well-being can be heavily affected. The patient safety reports of a health care organization can rarely show what has happened to patients who have been left without care.

Patient complaints arise from a variety of incidents, such as treatment provided by personnel, the delivery of patient information, access to care, mistakes made during health care, and other faults during medical practice or at a wider organizational level within one or more activities in the care process. (23,24) In previous studies, patient complaint data have been utilized to develop quality care and health care processes, to handle issues referenced in the complaints, and to guide personnel through various meetings, training, and written rules. However, the use of information from patient complaints could be used more optimally and effectively in quality management. (18,25-28) Information received from patient complaints can be regarded as performance information that reveals the functionality of an organization that may not be recognized by other performance measures. It can target personnel at all levels of an organization, but mainly it relates to health care professionals. All the available ways patients have to make complaints can be used to collect information about patient care during the COVID-19 pandemic, including oral complaints to chief physicians, transcribed phone calls, emails, letters, and submitted forms.

The advantages of patient complaints stored in a database system are that they can be produced internally by the organization itself, they provide good insight into quality and content, and they are readily available. (29) Patient complaints can reveal problems that occurred recently or in the past. Occasionally, the problem is the sensitive information itself, which makes it difficult to utilize by wider personnel in a health care organization. Patient complaints and responses to them are confidential and concern only the patient and the involved health care professional(s). The information is mainly negative and is sometimes communicated with harsh language because the issue of a patient complaint has been necessary and meaningful to a patient. The information provided in a patient complaint may also deviate from that filed in the Register of Patients Records.

The question is how should patient complaints be utilized during COVID-19? Finding information can be eased with indicators related to the coronavirus situation (similar to the taxonomies used in studies of patient complaints (23,30–32,26), which can be used as keywords in a database

system of patient complaints. The design and implementation of a patient complaint platform in a database system can help capture patterns within complaint incidents and can generate options for responses to support the personnel and management of a health care organization. It is one approach that encourages dialogue among health care personnel and supports the learning process to find solutions to patient complaints Also, the database could be connected to the Register of Patient Records, ensuring that a patient and a health care professional have understood the clinical path similarly. The learning platform would be effective for health care personnel and also for patients to participate in changing the information. This improves the mutual understanding of care and reduces possible patient complaints or misunderstandings in later care.

An organization needs an uncertainty supportive strategy and performance to adjust to new crises, such as COVID-19, and to trends such as health care reforms, legislative renewals, and technological innovations that challenge health care organizations, public health, or the economy. The toleration of complexity and uncertainty can be increased by collecting information, preparing for threats with plans, and developing flexible and adaptable strategies (33) for future care in an organization. Patient complaints reveal extensive and multidimensional types of information about the prevalent care in an organization and its surrounding health care system. This information can be utilized in performance reporting, data collection, dialog, learning, and problem-solving. Current circumstances have shown how important it is for health care decision-makers to keep improving and responding to medical as well as legal, administrative, and financial challenges. An organization must have the ability to recognize changes while at the same time testing the decision-making process to bring forward appropriate solutions. Access to performance information allows personnel and management to be informed about the current situation of an organization and to conduct the needed analysis related to patient complaints at the appropriate time. Medical and health care system knowledge advances the discussion about the reasons for and results of changes (such as prioritizing treatments during the worst time of COVID-19) as the central part of performance management (29) and supports the strategic management of a health care organization and the system through the first wave and potential future waves of COVID-19 in restoring organizational performance in health care processes.

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