

Report

on

Strengthened Citizen Contact

A proactive, solution-driven method for
handling objections and complaints



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Summary

Strengthened Citizen Contact is **both** the **title** of a **special method** focusing on handling citizen complaints to public authorities **and** the title of a **pilot project** in which the Municipality of Favrskov, the Municipality of Furesø and Frederiksberg Hospital and Bispebjerg Hospital in collaboration with the private partners VIEMOSE and cBrain A/S tested a special method in the course of 2011-2012.

The method, *Strengthened Citizen Contact*, takes its point of departure in well-documented knowledge about good communication and good **conflict management**. In the special method, this knowledge is applied to traditional complaint case handling by public authorities.

When a citizen has made a complaint about a decision taken by the authorities or in some other manner has formulated an objection to the public authority, the special method means swift, personal and outreach contact with the citizen. This approach is supported by simple, well thought out tools from dispute **settlement**.

The special method is also utilised even earlier in the administrative processes to *prevent* a complaint being lodged.

This method for handling citizens' enquiries is based on a project initiated by the Dutch Ministry of the Interior entitled "Prettig contact met de overheid".¹

The pilot project *Strengthened Citizen Contact* has had the objective of establishing whether utilising the special method can free time for staff who work with handling complaints on a daily basis and simultaneously to determine whether the same results could be achieved as in the Netherlands².

Experience from the Dutch project shows the following significant results:

- 50 % of the complaints are not forwarded in the formal complaints system.
- Total time consumption on handling complaints is reduced by 30%.

¹ "Behagelig kontakt med myndighederne". "Pleasant contact with the authorities"

² The Dutch results have been presented in, for example, *Eindrapportage pioniertraject mediationvaardigheden resultaten, analyses & aanbevelingen*, Ministerie van Binnenlandse Zaken en Koninkrijksrelaties, 2010.

- Financial savings of between 20 and 25 % are achieved in handling complaints.
- There is a 15-20% rise in citizen and company satisfaction.
- Staff involved in handling complaints experience a 15-20% rise in job satisfaction and working environment.

It is also a partial aim of the pilot project to examine the extent to which the special method can contribute to optimising the internal learning environment by freeing resources from traditional handling of complaints.

The pilot project covered five administrative areas³ in the two municipalities (the Municipality of Favrskov and the Municipality of Furesø), and similarly 4 departments⁴, as well as a "complaints taskforce" at the two hospitals (Frederiksberg Hospital and Bispebjerg Hospital)⁵ participated.

The results

The results of the pilot project have been documented by applying different quantitative and qualitative methods that are described in more detail in the sections on evaluation and data collection.

As only a very limited amount of valid data concerning the number and handling of complaints and objections have been collected in Denmark in general – and thus also in the organisations involved – much of the knowledge gathered in the project *Strengthened Citizen Contact* is quite new.

Reduction in the number of complaints

The data collected by the project show that when the special method in *Strengthened Citizen Contact* is applied in the two municipalities, a complaint is discontinued⁶ in between 48 and 88 %⁷ of cases.

³ Planning and Construction, and Nature and Environment in the Municipality of Favrskov. Children and Young People, Referral and Assessment and Urban Development and Business in the Municipality of Furesø. Urban Development and Business in the Municipality of Furesø did not participate in the whole project, see page 31.

⁴ The Rheumatology, Urology and Medical departments at Frederiksberg Hospital and Surgical department K (ward and complaints taskforce) at Bispebjerg Hospital.

⁵ Even though the merger between Frederiksberg Hospital and Bispebjerg Hospital accelerated during the project period, this report consistently uses these terms for each hospital – also although the hospitals now have a common name: "Bispebjerg and Frederiksberg Hospitals".

⁶ When a complaint is *discontinued*, this means that the complainant has chosen not to maintain the complaint and that it is thus not forwarded in the usual complaints handling system, such as a legal department or a superior complaints authority.

⁷ The figure varies a great deal from department to department – and thus from area to area.

In the hospitals area where the special "complaints taskforce" at Bispebjerg Hospital has handled the more serious complaints⁸, only 1 of every 11 cases has been forwarded in the official complaints system. This means that approximately 90 % of the complaints have been discontinued.

Reduction in time consumption

Utilisation of *Strengthened Citizen Contact* in connection with complaints meant that between approximately 7 % and 49 %⁹ of time was saved in the different departments in the two municipalities.

The documented time consumption of the health personnel who make use of the special method in *Strengthened Citizen Contact* in "everyday situations" at the two hospitals is largely the same as the time previously used in these situations. On the other hand, the experience has been that significantly less time is spent on handling complaints at management level.

The time consumption in connection with handling formal complaints managed by the complaints taskforce is in itself significantly lower, and it is further reduced as very few (only one during the project) of these complaints are forwarded in the complaints system.

Savings on handling complaints

Savings in financial resources per complaint in the two municipalities correspond to between DKK¹⁰ 46 and DKK 3,346 per complaint.

Where it has been possible to calculate savings in the hospitals area during the pilot project, savings of approximately DKK 12,950 per complaint have been established.

Labour-saving potential

To a high degree the focus of the project has been to discover what possible labour-saving potential the individual pilot projects could reveal.

In the municipalities – specifically in the areas in which the pilot project was implemented – an annual labour-saving potential of an average of 42 % full-time equivalents could be assessed, in all corresponding to 5.26 full-time

⁸ These are complaints that, in accordance with the Access to Complaints and Compensation Act, must be processed by the National Agency for Patients' Rights and Complaints. Examples of complaints can be seen in the diagram on page 29. Less grave complaints are normally handled at department level, for example by a senior consultant or a senior head nurse.

⁹ Including those complaints where applying the special method does not lead to a solution and where it must be assumed that there has been *extra* time consumption.

¹⁰ One Euro = approximately DKK 7,5

equivalents in the four departments, which by simple calculation shows a national potential of 609 full-time equivalents.

It has not been possible in a similar manner to make an assessment of the labour-saving potential in the hospitals, but it is assumed that there also will be a certain potential there, in particular in the formal complaints that are handled by the complaints taskforce.

Increased citizen and company satisfaction

Citizen satisfaction studies were implemented indicating that the general satisfaction with municipal case processing increases by between 16 % and 52 %.

There is no precise "before measurement" of patient satisfaction in the hospitals area. However, an interview study among patients who experienced the special method shows a high degree of satisfaction with the method.

Increased job satisfaction and improved working environment

It can be established on the basis of pre- and post-measurement, *inter alia* of experience of the working environment and very uniform and unequivocal statements by staff in the municipalities that putting the special method into operation has a great positive impact on staff job satisfaction in terms of working with complaints and objections. This is expressed in relation to factors such as experience of increased competence, better overview, influence, positive feedback from citizens, personal praise etc.

Some staff experienced that in some cases they spent more time on *their* part of handling a complaint and objection. In administrations where there is simultaneous measurement of the efficiency of the staff on the whole and where stringent time demands are made in terms of performance, the increased time consumed utilising the special method rather than handling a complaint according to the normal procedure in the administration in question can be regarded as problematic.

Staff satisfaction at the hospitals was measured quantitatively and by a qualitative interview study by the Unit of Patient-Perceived Quality¹¹. The measurement shows an improvement of between 10 % and 30 %. This figure is underpinned by the interview study and supplementary written statements by participants in the project who describe increased job satisfaction and an increased wish to engage in dialogues with patients and relatives - also when the point of departure is conflictual.

¹¹ The Unit of Patient-Perceived Quality is a knowledge centre in the Capital Region of Denmark.

Optimising learning

It is reported that an important effect of *Strengthened Citizen Contact* is that the initiative is more frequently taken to collegial talks and discussions about everyday situations and complaints management. According to the staff involved, in this way occasions arise for learning in daily life. In several departments in the municipalities this has been supported by systematic follow-up meetings where specific cases and procedures have been scrutinised.

The hospitals have experienced that the introduction and application of the special method has legitimised more open dialogue concerning the relationship to patients and relatives, and that in several contexts the experience gathered by many staff over time is communicated further to colleagues. The project leaders at the hospitals state that the method fits very well with several other current initiatives designed to develop and improve relations between patients and relatives and health personnel.

Applying the special method *prior to a complaint*

Basically, the objective of the pilot project was solely to assess the effects of using the special method in connection with actual complaints. However, the project was expanded to include the situations¹² where a member of staff chose to apply the special method in cases where he or she sensed with a high degree of certainty that an intended decision would result in a complaint. In the project terminology this was termed "prior to a complaint".

If the method is applied *prior to a complaint*, the two municipalities can calculate a saving of between DKK 267 and DKK 4,647 per case where there is no subsequent complaint.

The labour-saving potential in the two municipalities may be calculated at between 44 % and 56 % full-time equivalents. When calculated¹³ in the same manner as when actual complaints are handled, scaled to a national potential this will give 750 full-time equivalents. This indicates a somewhat larger potential in utilising the special method early on – that is *prior to* – a decision that is negative for the citizen.¹⁴

¹² See tables on page 34 about the municipalities and page 37 about the hospitals where the staff assessed that a situation could develop into a complaint if it were not immediately handled by applying the special method.

¹³ See annex 4

¹⁴ Even though the staff's assessment of whether a complaint could be averted by taking early contact is shown to be correct to a very large extent, a small group of citizens actually appeal against the decision that was made even if there has been prior contact. There was no investigation in the project of a possible effect of once more applying the special method to the actual complaint.

Modification model

The modification model utilised in *Strengthened Citizen Contact* may be illustrated as follows:

Point of departure

Identification and measurement of number and time consumed on

- Decisions/rulings that can lead to complaints
- Complaints
- Objections

Activities/intervention

- Decision concerning selection of pilot departments and persons
- Training
- Process support and measurement ("Case monitors")

Maintenance in daily work

- Regular follow-up
- Support by managers and colleagues
- Coaching and exchange of experience

Delivered

New processes and work procedures for

- Everyday complaints/objections
- Extra contact prior to announcement of decisions
- Complaints

Effects

In the very short term

More time spent on new and early citizen contact

Immediately afterwards

Fewer cases carried forward for actual complaint handling

Less time consumed and thus also reduced costs per complaint case

Greater citizen and staff satisfaction

Increased learning and basis for new procedures

In the long term

The special method characterises all contact between administration and citizens

Strengthened Citizen Contact in the Municipality of Favrskov and the Municipality of Furesø

In the Municipality of Favrskov and the Municipality of Furesø, *Strengthened Citizen Contact* means that the staff takes the initiative to a solution-driven dialogue with the citizen in accordance with a special method based on knowledge of simple, well-tested conflict management methods. The special method is used on the telephone or during a personal meeting either in the citizen's home or at the municipality.

The primary intervention in the pilot project consisted in all participants from the departments involved completing a two-day course in utilising the special method and then applying it immediately afterwards.

The special method was applied in the municipalities in three different situations:

1. *Actual complaints*, where the citizen made a formal complaint about a decision by the municipality.
2. *Prior to an expected complaint* (typically when a member of staff is going to send a decision that is negative for the citizen)
3. *Everyday complaints*, where a citizen sends an email, phones or comes to the municipality in person to make an objection.

Reduction in the number of complaints in the municipalities

The table below shows the extent to which a complaint is discontinued, i.e. *is concluded* when the special method is utilised. The complaint is thus not forwarded in the official complaints system or to other public authorities.

Complaints	Municipality of Favrskov		Municipality of Furesø	
	Nature and Environment	Planning and Construction	Children and Young People	Referral and Assessment
Number of cases concluded when the special method is utilised	81 %	88 %	56 %	48 %

Time consumed on complaints management in the municipalities

By utilising the special method in *Strengthened Citizen Contact* time is saved on handling complaints to varying degrees.

The statement below was drawn up on the basis of the individual departments' specification of time consumption *before* and of the concrete registrations made *after* the special method was put into operation.

It should, however, be noted that it is considerably difficult to make absolutely sure comparisons ("before and after"). The municipalities do not systematically register complaints, and the project's "before" data are therefore based on qualified estimates and are thus not totally reliable.

The statement¹⁵ comprises the caseworkers' handling of the complaints registered during the project period and where caseworkers who took part in the special training programme handled cases utilising the special method.¹⁶

Complaints	Municipality of Favrskov		Municipality of Furesø	
	Nature and Environment	Planning and Construction	Children and Young People	Referral and Assessment
Time saved	49 %	40 %	40 %	7 % ¹⁷

There is in addition a saving in the case of persons who are indirectly affected such as managers, senior managers etc., whose daily work is also burdened by complaints management. Another demonstrable effect is that all Project Leaders (heads of the four departments involved) state that since the special method was introduced they generally speaking no longer handle complaints, apart from larger cases and test cases that have not been handled utilising the method or complaints that did not form part of the project. All departments

¹⁵ The statement has been carried out on the basis of the time recordings made by the staff, and includes time spent on complaints that were not concluded utilising the special method, and where time consumed in utilising the method has been added to the normal time for case processing.

¹⁶ The saving in time is actually somewhat greater than indicated as the registered time consumption in the pilot project *includes* the employee's time spent on the registration itself in the "Case monitor" (See page 29 in the section on Evaluation and data collection).

¹⁷ In particular one complicated case - and not typical in this project - (concerning a grant for a car) is disproportionately weighted in this statement. If this case were included, there would be an average additional consumption of 3 % due to the considerable time spent internally.

report that utilising the special method has led to a high degree of alleviation of management's involvement in handling complaints. The savings estimated in this are included in the diagram on page 33 and in the statement below in the calculation of the financial savings (full-time equivalents).

Savings in handling complaints in the municipalities

Economic saving per complaint

On the basis of the expenditure on handling complaints in the individual departments today, it is possible to calculate a saving per complaint when the special method in *Strengthened Citizen Contact*¹⁸ is utilised.

Savings - complaints	Municipality of Favrskov		Municipality of Furesø	
	Nature and Environment	Planning and Construction	Children and Young People	Referral and Assessment
Average savings per complaint	DKK 1,935	DKK 1,117	DKK 3,346	DKK 46

Saving manpower

Similarly, a labour-saving potential can be calculated when the special method is utilised¹⁹:

Manpower savings	Municipality of Favrskov		Municipality of Furesø	
	Nature and Environment	Planning and Construction	Children and Young People	Referral and Assessment
Full-time equivalents per year	2.37 full-time equivalents	2.47 full-time equivalents	0.40 full-time equivalents	0.03 full-time equivalents

¹⁸ See note 8 and annex 9

¹⁹ Included here are the estimated savings in indirectly affected groups AND the additional work caused by handling complaints with the special method in the situations where it does not lead to a solution of the case and the complaint is thus forwarded to the usual system.

Citizen and company satisfaction in the municipalities

The citizen's experience of the municipality and its case processing is also modified when the special method is utilised.

Citizen satisfaction and the demonstrable modification of this has been measured by means of interviews with citizens from both municipalities who had complained previously and whose complaints had been processed in the traditional manner (67 interviews conducted), and subsequently with a segment of citizens whose complaints were handled in the course of the project utilising the special method (38 interviews conducted).

In general citizen satisfaction with the municipality's case processing increased, as appears from the tables below.

Citizen satisfaction	Municipality of Favrskov		Municipality of Furesø	
	Nature and Environment	Planning and Construction	Children and Young People	Referral and Assessment
Modification of citizen satisfaction	16 %	47 %	52 %	32 %

A study has also been carried out of different parameters apart from those concerning the citizen's experience of the municipality. The study covers the citizen's experience of the handling of the *case* etc.

The table below (Next page) shows the modifications in the citizen's experience of different factors.²⁰

²⁰ Positive figures indicate an improvement of the experience, while negative figures indicate deterioration. A 5 scale was used for the calculation.

Citizen satisfaction – other factors	Municipality of Favrskov		Municipality of Furesø	
	Nature and Environment	Planning and Construction	Children and Young People	Referral and Assessment
	Development in percentage of citizens who agreed or agreed to a high degree			
The case processing was completed in a good way with the municipality	8 %	39 %	-18 %	0 %
The municipality's handling has had a positive influence on the contact	-11 %	48 %	18 %	0 %
In my opinion contact with the municipality has improved after the complaint case	-9 %	36 %	9 %	0 %
I expect the next contact with the municipality to be improved after this complaint case	4 %	50 %	36 %	42 %
Average	-2 %	43 %	11 %	10 %

The study shows a positive effect in three out of four units. There is on average a very small negative change in the last unit.

The study was carried out with a limited number of respondents, which is of significant importance for its validity. Similarly, there are considerable elements of uncertainty in relation to the individual people asked, whose experience of the municipality may for different reasons deviate considerably from the average citizen experience. For these reasons the study only shows a very limited snapshot of citizen satisfaction. However, all four units assess that the

next contact with the municipality will be improved after the last complaint case.²¹

Job satisfaction and working environment in the municipalities

Staff job satisfaction in utilising *Strengthened Citizen Contact* has been illustrated in various ways.²²

Interviews, conversations and joint discussions, *inter alia* at concluding seminars in the individual municipalities leave a clear impression of a positive influence on the working environment. This is seen from the fact that, for instance, the more comprehensive conversation with citizens provides a basis for strengthened dialogue with colleagues and that – in the slightly longer term – time is saved:

- *"We speak more together now in the department – and there is more sharing and acknowledgement of one spending more time talking to citizens."*
- *"A way of thinking and form of communication where one is enormously interested in the citizen sitting across the table."*
- *Also a personnel culture where one is open about the dialogue with citizens and can talk to colleagues about it."*
- *"In my experience, at first the method makes time spent on case processing longer because it takes time to include the citizens and assess the changes that take place along the way. On the other hand, fewer citizens complain about the decision itself, and that saves time for me."*
- *"A joint project in the department – better collegial teamwork."*
- *I have become better, and more confident, at talking on the phone with citizens and other partners we cooperate with."*
- *"The simple, comprehensible and open elements mean that often it is all much easier than you'd feared."*

Strengthened Citizen Contact was quickly put into operation in the four administrations, and for many staff almost became "the way we work", or as one manager formulates it: *"The method is now so well-known and widespread that one sometimes hears: "Can't you Strengthened Citizen Contact this person?"*

²¹ With the limited number of citizens it has been possible to contact within the framework of this project, rather few people can have a considerable impact on the result, whether positive or negative. If a more certain basis for the figures is desired, this speaks in favour of a more comprehensive project being implemented – as in the Netherlands – as a follow-up to this first project.

²² The questionnaires used in the project among other things to illustrate the possible working-environment-related effects of utilising *Strengthened Citizen Contact* are to large extent similar to those used in the Dutch project. It proved to be the case when processing the data collected that it is not possible in a meaningful manner and with adequate certainty to summarise these in the form of simple percentages.

The method has proved to have a relevant and improving impact on more areas than first assumed.

Utilising the special method prior to a complaint

During the pilot project the special method has increasingly been utilised *prior to* a probable complaint.

Experience from the Netherlands shows that even more time can be saved if the staff member assesses that it is very likely that a decision will give rise to a complaint and the staff member contacts the citizen prior to a decision on the basis of this assessment.

The statement below is based on the time consumed by the case worker in the situations where a case worker who has taken part in the special training programme has utilised the method *prior to* an expected complaint²³.

"Prior to"	Municipality of Favrskov		Municipality of Furesø	
	Nature and Environment	Planning and Construction	Children and Young People	Referral and Assessment
Time saved for those directly affected	51 %	51 %	56 %	42 %

The economic saving may be stated as follows²⁴:

Saving – prior to	Municipality of Favrskov		Municipality of Furesø	
	Nature and Environment	Planning and Construction	Children and Young People	Referral and Assessment
Average saving per complaint when utilising the method <i>prior to</i>	DKK 2,031	DKK 1,439	DKK 4,647	DKK 267

²³ The saving in time is actually somewhat greater than indicated as the registered time consumption also here *includes* the employee's time spent on the registration itself in the "Case monitor" (See page 29 in the section on Evaluation and data collection).

²⁴ See note 8 and annex 9

Similarly, a labour-saving potential may be calculated for those directly affected in the two municipalities when the special method is utilised "prior to":²⁵

Manpower savings	Municipality of Favrskov		Municipality of Furesø	
	Nature and Environment	Planning and Construction	Children and Young People	Referral and Assessment
Full-time equivalents per year	2.56 full-time equivalents	3.20 full-time equivalents	0.58 full-time equivalents	0.07 full-time equivalents

²⁵ This takes into account savings on indirectly affected personnel and extra time consumed for telephone conversations and any meeting with the citizen in cases where a complaint is nevertheless subsequently made.

Strengthened Citizen Contact at Frederiksberg Hospital and Bispebjerg Hospital

At Frederiksberg Hospital and Bispebjerg Hospital *Strengthened Citizen Contact* involves staff at the departments involved taking the initiative to conduct a solution-driven dialogue with the patient or relative when an objection is expressed or a situation arises that could lead to a complaint.

Hospitals meet citizens in a very different way than the municipalities. Patients and relatives move about the place of work and participate, in several meanings of the word, in the performance of the work. This partnership often takes place under great pressure of time and with many different cross-cutting considerations. Thus the dialogue with the citizen can seldom be prepared but occurs spontaneously when a patient or relative makes an approach. In addition, the physical framework of the hospital only rarely supports calm, focused conversation.

As the special method in *Strengthened Citizen Contact* has not previously been tested in hospitals, the method was adapted to the special working conditions there. Among other things, a separate manual²⁶ was compiled which is different from the manual used in the municipalities.

The method is used at the hospitals in direct "here and now talks" – without delay or at a brief meeting in a usable room in the department. Also in this way the utilisation of the special method is significantly different in practice from the way it is utilised in the two municipalities.

The project's primary intervention, however, as in the municipalities, has consisted in the selected health personnel at the two hospitals participating in a two-day course in using the special method– adapted to the realities at a hospital department – and then immediately putting it into operation.

At Bispebjerg Hospital, in addition a "complaints taskforce" has been established which deals in particular with written complaints, which formally speaking should be forwarded for processing to the National Agency for Patients' Rights and Complaints²⁷ in accordance with the Access to Complaints and

²⁶ "Pocket card" – see annex 5.

²⁷ The National Agency for Patients' Rights and Complaints was established on January 1st 2011 and describes itself as "an independent, government institution, which has the patients' and the parties' legal rights in focus. In addition to ensuring thorough and informed treatment of the patients' complaints, the National

Compensation Act within the Health Service. The complaints taskforce has used the special method on the telephone or at meetings held at the hospital.

The complaints taskforce has completed a specially organised training programme where they were introduced to and trained in the method in *Strengthened Citizen Contact*. This was not completely identical with the training programme implemented in the municipalities, but was organised to suit the special conditions at the hospitals.

The special method was utilised in three different situations at the hospitals:

1. When a patient or relative approaches a health worker (doctor, nurse or secretary) to express an objection.
2. *Prior to a probable complaint*, when a member of staff can predict that an incident could give rise to a complaint by the patient or the relative.
3. In *actual complaints*, where the citizen *has* lodged a formal complaint about the incident.

Reduction in the number of complaints at the hospitals

It has only been possible in the case of the complaints taskforce to calculate the extent to which a complaint is concluded and thus does not need to be processed further in the formal complaints system. This has taken place in 10 out of 11 complaints, corresponding to over 90 % of the complaints having been concluded (discontinued) by utilising the special method.

As far as the other complaints and objections are concerned, at the concluding meetings of the project the executive board and the management of the departments stated that at management level now significantly less time is spent on handling complaints and objections because in the course of their daily work the health personnel handle approaches by patients and citizens in a new manner. It has not, however, been possible to confirm this experience in terms of measurable data.

It has also been the experience that the special method reduces the risk of complaints escalating, reduces follow-up work on complaints management and reduces the number of *subsequent* objections or complaints.

Agency for Patients' Rights and Complaints is also responsible for contributing to the prevention of mistakes being repeated within the health service, and ensuring that the health service learns from its mistakes. ”. (See www.patientombuddet.dk)

Time consumption on handling complaints at the hospitals

The project shows that for the member of staff who *directly handles the citizen's inquiry*, utilising the special method in "everyday situations" on average takes more or less the same time²⁸ as before the application of *Strengthened Citizen Contact*.

The statements below were drawn up on the basis of the individual departments' own specifications of time consumed *before* and the concrete registrations made *after* the special method was put into operation.

The calculation is based on the situations registered during the project period where the health employee who took part in a two-day training programme has handled an inquiry from a patient or a relative utilising the special method in an ad hoc talk or in the form of a meeting with the patients and citizen.

Time used	Frederiksberg Hospital			Bispebjerg Hospital
	Department H (FRB)	Department M (FRB)	Department U (FRB)	Department K2 (BBH)
Time saved per inquiry	-23 % ²⁹	31 %	36 %	-38 %

Savings on handling complaints at the hospitals

As described above, the methods in *Strengthened Citizen Contact* have been utilised by health personnel both in everyday situations where to a high degree the aim has been to prevent actual complaints and also when handling more serious complaints where the special "complaints taskforce" has utilised the special method.

The possible savings in utilising the methods in everyday situations consist in the fewer number of complaints that are lodged subsequently. This project

²⁸ There is a considerable difference between whether the health personnel conduct the talk spontaneously when approached or invite the person to a meeting. Registered time consumed in a spontaneous talk is approximately 10 minutes, while on average it is between 20 and 35 minutes for a meeting.

²⁹ This does not mean any direct *saving* in time, but that health personnel use 23 % more time – corresponding to approximately 2 minutes

has not collected data that can show how many fewer complaints could be expected to be received when the special method is utilised. It is only a number of statements and observations that indicate that this is the case.

On the other hand, a calculation can be made that shows a saving of approximately DKK 12,950 per complaint³⁰ in the case of the more serious and troublesome cases that appear as actual complaints either lodged directly with the department or through the management or the National Agency for Patients' Rights and Complaints.

Satisfaction of patients and relatives at the hospitals

Citizens' satisfaction with the hospitals has been studied by means of exhaustive interviews with a small group of patients and relatives whose complaints have given rise to a meeting with the special complaints taskforce which has utilised the methods in *Strengthened Citizen Contact*.

The following emerges from the interviews³¹:

- The patients appreciate calls from the hospital, which are experienced as surprising and accommodating
- Most of them would use the hospital again and seem more focused on the incident that happened to them not happening to others.
- Thus, for many the motive for complaining is the wish that others do not experience what they themselves have experienced.

It is the experience that the special method would be even stronger if the agreements reached were complied with and taken seriously; this would create credibility for the citizens.³²

Job satisfaction and working environment at the hospitals

It is the experience that the special method in *Strengthened Citizen Contact* contributes to a better working environment.

³⁰ The complaints taskforce processed 11 cases during the project period, only one of which went further in the formal complaints system. At the start of the project, it was calculated that normal complaints handling takes from 6 to 12 hours (an average of 7.8 working hours) per case, divided between the different professional groups, and with actual hourly rates of pay the costs are on average approximately DKK 3,250 per case. A total of just less than 42 hours was used on the 11 cases and the labour cost was approximately DKK 1,150/case. Or to express this in other terms: Just under half as many working hours are used and it only costs around 1/3 of what it normally costs to handle cases. To this may be added a saving per case that does not continue to the National Agency for Patients' Rights and Complaints of DKK 10,850, corresponding to the standard charge (2012) imposed on the regions for each case that goes forward for actual processing in the National Agency for Patients' Rights and Complaints.

³¹ Annex 2 contains a summary of the interviews.

³² Some people have experienced that the agreements made with health personnel are not honoured or taken seriously, which creates mistrust and annoyance.

The improvement has been measured in two ways: a staff satisfaction survey before and after the implementation of the project, and also by supplementary interviews with 12 staff members conducted by the Unit of Patient-Perceived Quality³³.

Working environment	Frederiksberg Hospital	Bispebjerg Hospital
Experienced an improvement in the working environment	30 %	10 %

The following appears from the study by the Unit of Patient-Perceived Quality:

”The personnel who were interviewed experience satisfaction when they resolve a conflict. Having tools to handle a complaint, say the interviewees, means that they avoid the frustration and stress that follows from having dissatisfied patients. Several of them say that they have had ‘good experiences with bad situations’ as one employee expresses it, and that the new communication and relation to the patients results in greater job satisfaction.”

”As well as the personnel feeling that they have benefited from working with Strengthened Citizen Contact, it is also the interviewees’ experience that the patients benefit greatly from the method. Among other things, the patients feel that they are seen, heard and taken seriously to a higher degree. Several interviewees have experienced patients thanking the personnel for a conversation or for the efforts made by the personnel to solve the patient’s problem.”³⁴

³³”The Unit of Patient-Perceived Quality is an information centre for patient-perceived quality in the Capital Region of Denmark. We conduct regional and national studies of patient and user experience in the Danish health service. The unit has been involved in several hundred quantitative and qualitative user surveys since it was established in 1998.” (www. patientoplevelser.dk)

³⁴ Annex 8.

Recommendations for implementing Strengthened Citizen Contact

The results achieved from utilising the procedures in *Strengthened Citizen Contact* document a convincing effect.

The assessment of all the individual departments in the municipalities and at the hospitals is that the special method is relevant and efficient and extremely effective on all the parameters set up at the start of the project. Thus experience from this project very largely confirms the Dutch experience.

Different experience has been gained during the project in terms of implementing the special method. The reflections and recommendations of the project for implementing the special method follow below.

In this context it is noted that the Dutch experience emphasises the importance of introducing staff and training them carefully and ensuring close follow-up with close and engaged attention and discipline on the part of management concerning the introduction and utilisation of the method.

Management drive and backing

Some staff will experience the utilisation of the special method in *Strengthened Citizen Contact* as radically different from the usual complaints management methods in public administration.

Only if the special method enjoys focused and persistent attention and backing on the part of management can it become deeply rooted in the staff group. Management must clearly appreciate the utilisation of the method and give the staff ongoing feedback, among other things in the form of an overview of the effect of using the method.

Management must remember – and act accordingly – that introducing the method is a considerable project of change and therefore must be handled with all existing knowledge of good implementation of changes.

Highest prioritisation of quality in the training programme

The training must be high quality and unequivocally take a starting point in precisely the complaints and types of complaint that the participants are to handle utilising the method.

All the departments that took part in the pilot project stress that training in the method was quite decisive for the subsequent effect. The training must be based on exercises and take a concrete point of departure in the everyday working life of the participants.

The method must be put into operation the day after the training is completed.

All project leaders involved have emphasised the importance of leaders themselves also taking part in the training programme – both as a precondition for being able to support the implementation of the method and to be able to utilise it themselves.

Realistic goals

It is important to set some realistic goals, together with those who are to start using the new procedures, for the number of cases where each individual member of staff is to utilise the special method. These goals promote engagement and show the whole department how far it has come in implementing the new method. It is also a good idea to set up partial aims that follow fixed department meetings or step-up meetings.

Capture the tailwind and use internal enthusiasts

Start the introduction of the special method in the departments and areas where the interest, curiosity and readiness to test the new methods are greatest.

Experience from the participating organisations shows that the good experiences communicated by close colleagues at both staff and management level are important drivers for disseminating the method.

It is a great advantage during introduction and implementation if the local staff includes one or two enthusiasts, that is persons who enthusiastically begin to utilise the method, help others and drive the utilisation of the method forward at an early stage. These enthusiasts can also be engaged in internal presentations and assist the project leader in telling ” good stories” etc.

Establishing impact measurement and reports from management

Quite simple systems to capture the most important effects of utilising the method should underpin the work.

A careful **pre-measurement** of number and consumption of resources on complaints and similar complaint situations such as everyday objections should be conducted as part of starting up the project. This basis measurement can be used as point of departure for all later assessments of impact and as documentation vis-à-vis all involved staff, managers, politicians and others of the degree to which the special method produces better results.

As in the Netherlands, during the pilot project it has transpired that continuous data on time consumption, types of complaints, satisfaction etc. have a motivating effect on staff engagement. But experience from the pilot project also shows that the systems must be extremely simple and not require tiresome registration activity. The data should be communicated by management as tools for gathering experience and learning and not tools for checking individual members of staff.

Please also note that there also are important effects that are best rendered visible and disseminated orally rather than through figures and tables.

Involve staff at an early stage

Even though it makes sense to utilise the special method, introducing and operationalizing it are no different from other changes of method in a well-established culture in terms of reservations, inertia, falling back, superficial utilisation etc. The special method should be paid the special attention presupposed by every solidly anchored change. Involve the staff at a very early stage and communicate too much rather than too little – internally and externally.³⁵

Experience from the project shows that very great difficulties are created for a project of change if the staff are not sufficiently motivated for various reasons.³⁶

³⁵ Annex 1 contains further recommendations and "warnings" by participants in the project.

³⁶ See more about this on page 31.

Brief description of the pilot project

Every day the public sector handles a considerable number of complaints from citizens and companies about decisions or unsatisfactory processes and experiences in their contact with the authorities. A fixed element in written responses to the complaints are guidelines for complaints or appeals, which very frequently lead to resource-demanding processing of the case by several more authorities.

The public sector and the different appeals bodies use a great deal of time, manpower and other resources in the work of handling complaints. This does not necessarily lead to more satisfied citizens and companies, who must also use many resources on implementing their complaints cases themselves, or through advisers.

There is no overall specification of how many resources are used on handling complaints and appeals in Danish society, but it is a widespread view that if complaints and appeals handling were to be systematically measured, a very considerable drain on resources could be documented.

There are many good grounds, for example the rule of law, for the access to complain and appeal, but the processes often mean very lengthy case processing times, which in itself results in further pressure on resources when reminders (and complaints about precisely this) have to be handled.

Although much valuable knowledge and inspiration for improvements may be contained in complaints, it will often be the case that there is simply neither time nor energy to extract and disseminate this knowledge because of pressure of work in connection with general case processing and handling complaints.

This means that:

- A great deal time is used
- A great sum of money is tied up
- Satisfaction is not ensured
- Too little is learned

when working with complaints cases in the public sector.

Today when a citizen lodges a complaint with a public authority, a process is started up where communication is primarily in writing.

A case could proceed like this³⁷:

- 1) The complaint is received
- 2) A receipt is sent to the citizen
- 3) The case is investigated
- 4) The decision is made
- 5) The decision is communicated to the citizen in writing

If the citizen is still dissatisfied, the following can take place:

- 6) A complaint about the decision
- 7) A receipt is sent to the citizen
- 8) The institution has about 8 weeks to produce a new proposal – if this does not take place or the citizen is still dissatisfied...
- 9) The complaint is forwarded to the next, higher authority
- 10) More documentation and more forms are required
- 11) A receipt is sent to the citizen
- 12) The citizen may be offered a meeting with the complaints body
- 13) A decision is once more made
- 14) If agreement still has not been reached, the complaint is forwarded to the highest authority; this may, however, entail financial costs for the citizen.

While the process may be different from place to place, the common features are that:

- It can extend over a very long period of time.
- It is only very late in the process – if at all – that any direct dialogue takes place between citizen and administration.
- Very many resources are tied up in handling complaints – (even though very few administrations directly measure and document consumption of time and money).
- It is doubtful whether the process furthers the satisfaction of citizens or companies.
- Normally the established procedures do not give the member of staff the possibility of reacting proactively in relation to his or her knowledge and experience.
- Almost all communication takes place in writing.

The idea behind the pilot project *Strengthened Citizen Contact* comes from the Netherlands where the Dutch Ministry of the Interior and Kingdom Rela-

³⁷ This example was taken from SKAT's website at the time when the application for this project was drawn up.

tions, Ministerie von Binnenlandse Zaken en Koninkrijksrelaties, took the initiative to conduct extensive trials implemented in handling complaints from citizens to the public authorities by utilising techniques from mediation and dispute settlement.

In the Netherlands a number of different administrations combined the most recent knowledge about good handling of conflicts (mediation) with well-known, sure and thorough complaints-handling procedures from administrative law. Efforts were made to organize transparent and simple processes that citizens and companies experience as involving and fair, and which – for precisely this reason – have had dramatic effects.

The procedures in *Strengthened Citizen Contact* are aimed at handling complaints and objections from citizens in relation to decisions or arrangements made by the public sector.

Citizens' objections about other citizens or companies are also included to the extent to which these objections and complaints give rise to work for the public authority, for example in connection with environmental nuisances or complaints about neighbours.

Finally, the method has been utilised in connection with communicating decisions that it has been assessed could give rise to a complaint or objection.

This method of handling complaints has not previously been systematically used in Denmark. Several public organisations employ citizen dialogue, for example in urban planning cases, and most recently in connection with *dialogue*, as introduced in the new Act on Access to Complaints and Compensation within the Health Service. But no actual systematic, early and concrete intervention in the normal written procedures has been seen before.

The idea behind the method is that it:

- Gets the staff member to take the initiative
- Creates contact with the citizens very quickly after the complaint or objection has been received
- Establishes a direct and personal talk (on the phone or at brief, informal meetings) with the citizen who is complaining or objecting
- Think with the citizen instead of against
- Hold open communication that has to do with facts, needs, feelings and worries
- Listen, ask questions and sum up

- Find out what the problem is and how best to deal with precisely that complaint, if a wish is at all expressed to have it handled when the talk has finished
- Make sure the complaint has been correctly understood, that the citizen has understood included everything
- Proceed sequentially in the talk – in an ”order ”corresponding to what is typically employed in good conflict resolution

As the method – in both organisation and content - is basically rather simple, it can probably be broadly implemented with very few adjustments in all parts of the public Danish administration that prevent or handle complaints.

In this way a considerable labour-saving potential could also be realised in Denmark at the same time as citizens and companies will experience procedural fairness through more attentive, listening and satisfactory handling of the issues they have raised through their complaint.

As the method does not replace but merely supplements existing complaints procedures, utilising it will not require any legislative changes, just as existing rules (for example obligation to take notes) will still have to be observed when the special methods are utilised.

The objective of the project was to investigate whether it is possible to achieve the same results in the public sector in Denmark as the Netherlands (see page 2) by utilising the same method as developed there.

In practice the pilot project was implemented by staff and leaders in the selected departments (in both the municipalities and at the hospitals) completing a training programme consisting of the following elements:

- Brief introductory meetings
- 2-day intensive residential training courses
- Regular follow-up meetings with the whole department
- Regular supervisory visits to the departments

In addition, during the pilot project a midway conference was held for all participants and local concluding conferences with the experience and learning perspectives at the centre.

The content of the training programme for the special ”complaints taskforce” accommodated the special needs of this group in terms of handling more serious complaints.

The staff involved have, immediately after the training programme, operationalized the method in *Strengthened Citizen Contact* in connection with handling complaints cases or everyday complaints.

An integrated part of the pilot projects was comprehensive registration activity, where questionnaires that are very close to the corresponding Dutch ones were completed by the individual members of staff.

The participants in the project come from several types of administrations and institutions, areas and complaints cases and two sectors, municipal and regional. Key figures and examples from the participants can be seen on the next page.

The municipalities	Staff involved	Estimated complaints cases per year <small>38</small>	Typical cases that have appeared during the period of the project
Favrskov Nature and Environment	10 (11) ³⁹	550	<ul style="list-style-type: none"> • Complaint about denial of environmental approval • Obnoxious smells from smoke, food, wastewater sludge, burning of waste etc. • Complaints about illegal placing/deposit of waste, soil, gravel etc
Favrskov Planning and Construction	12 (13) ⁴⁰	920 small cases 12-13 formal cases a year	<ul style="list-style-type: none"> • Complaints in connection with building permits or lack of same • Complaints about compliance with rules in connection with district plans.

³⁸ Before the project, every participating unit estimated the annual number of complaints cases.

³⁹ One staff member received peer-to-peer training and subsequently utilised the method as a participant in the project. Registrations made by this staff member have not been included in the statement of number and time consumption for complaints.

⁴⁰ Ditto

Furesø Referral and Assessment	19	50	<ul style="list-style-type: none"> • Complaints about denial of support for cleaning, electric scooter, arch supports in shoes etc. • Complaint about home help, facilities in senior housing or lack of same.
Furesø Children and Young People	33	45	<ul style="list-style-type: none"> • Complaints in connection with lost earnings and covering additional expenditure • Complaints about long case processing time or inadequate case processing
Frederiksberg Medical department.	6	780	<ul style="list-style-type: none"> • Objections about waiting time in the emergency ward • Objection about a lack of knowledge about the emergency ward's treatment system
Frederiksberg Urological department	5	1020	<ul style="list-style-type: none"> • Long waiting times and postponement of x-rays. • Objections about the treatment itself
Frederiksberg Rheumatological department	8	640	<ul style="list-style-type: none"> • Objection about a lack of knowledge and understanding for the process and the treatment • Objection about a lack of contact with a doctor
Bispebjerg – Surgical department K2	20 ⁴¹	670	<ul style="list-style-type: none"> • Objection about deferment of an operation or supervision by a doctor • Objection about health personnel's behaviour and tone
Bispebjerg Complaints taskforce	6	17 formal complaints to the whole of department K	<ul style="list-style-type: none"> • Objection about course of events for deceased spouse • Objection about inadequate treatment or perceived rough treatment • Objection about inappropriate medication

⁴¹ The whole unit attended the course

The Urban Development and Business department in the Municipality of Furesø took part in the project from the beginning with a total of 14 staff and managers, all of whom completed the introduction, training and follow-up meetings.

However, the department's participation in the project gradually deviated considerably from that of the other participants. When this was substantiated among other things by the staff's lack of acceptance of the descriptions of the types and areas of complaint where it would be relevant to utilise the methods in *Strengthened Citizen Contact*, the management of the department accepted that the staff did not systematically utilise the method and thus did not register the cases where it actually was utilised.

As a consequence, the department in effect left the project. Before this considerable efforts had been made to retain the department in the project. It had to be concluded in spring 2012 that the department could not take part in the project in a meaningful way.

As a consequence of this, the (few) existing data from this department are not included in the overall statements in this report.

At meetings and during conversations, staff at the department stated that – irrespective of this course of events – they profited from the training they underwent in spring 2011, and that this actually has meant that the methods have been utilised in a number of cases and with good results.

Experience from the department's work with the introduction and attempt to operationalize the special method is extremely important and has been included in this report. The experience underlines the necessity of a high level of engagement on the part of staff and managers in the change involved in operationalizing the special method

Evaluation and data collection

The objective of the evaluation

Taking a point of departure in the data that were collected en route and at the conclusion of the pilot project, the objective of the project is to illustrate the degree to which the goals that were set up in the original description of the project in the application to the then ABT Fund were achieved. This means that the project has investigated whether by introducing, training and utilising the special method in precisely the same way as it was developed, introduced and utilised in the Dutch pilot projects the same effects could be seen as could be documented in the Netherlands. It has *not* been an objective of the project and thus *not* of the evaluation to develop or assess the special method and the tools and techniques that are used.

Hence the evaluation of the pilot project where the special method in *Strengthened Citizen Contact* was utilised is in principle relatively simple.

Almost all the measurement criteria for the project are quite concrete, and the evaluation also documents the extent to which these criteria were – or were not - met.

The evaluation questions were built into the ongoing documentation that the participants have been in charge of by completing the Case monitor and the Mini Case monitor (see annexes 5 and 6) and were supplemented though questionnaires for the participants and a great number of telephone interviews with citizens and focus group interviews with staff managed by the Unit of Patient-Perceived Quality, in addition to collecting the experience of both project leaders and the staff who were the active participants in the projects.

To document the impact of the method in *Strengthened Citizen Contact* within the public administration, the pilot project also contains typical but different public units where citizens ”meet” the public system in different ways and where this contact may give rise to different forms of complaints and objections.

The project includes staff from a total of five departments in the Municipality of Favrskov and the Municipality of Furesø and staff from a total of four departments/units at Frederiksberg Hospital and Bispebjerg Hospital and from the complaints taskforce at Bispebjerg Hospital. With the exception of the

Department of Urban Development and Business in the Municipality of Furesø⁴², all took part in the project right up to its completion at the end of June 2012.

A total of 118 staff and managers were involved, who completed a two-day training course and immediately afterwards started to utilise the method and register data in this connection.

A further two members of staff were trained by colleagues during the project and several others took part in project groups and different forms of support for the projects in the different units.

Data collected in the Municipality of Favrskov and the Municipality of Furesø

Data have been collected on a continuous basis in the Municipality of Favrskov and the Municipality of Furesø to document the effect of utilising the special method in *Strengthened Citizen Contact*.

It is the assessment that the data collected together with the subjective experience produces a picture of a method that lives up to experience from the Netherlands.

In certain situations, however, the data have proved to be very meagre and likewise data in other situations have significant possible sources of error. For this reason, data and the results of these must be read in this light. At the same time it is the clear assessment that the special method leads to considerable positive effects on a large number of parameters and that the data support this assessment.

Data have been collected about:

- The baseline for handling complaints prior to the launching of the project – where the number of complaints and the time consumed on these was estimated by the participating departments as part of preparing the project.
- Handling complaints by utilising the method – by the individual member of staff completing a questionnaire after each case.
- Job satisfaction in particular regarding the part of the job concerning complaints and the complaining citizens. Data were collected prior to and at the conclusion of the project – by each individual member of staff completing an electronic questionnaire anonymously.

⁴² See page 31.

- Satisfaction on the part of citizens whose complaints were handled. Data were collected from citizens whose complaint was processed in the “normal” way and from citizens who experienced the utilisation of the method in *Strengthened Citizen Contact* – by means of a telephone interview with the citizen in question.

The project *Strengthened Citizen Contact* contains a thorough examination of the situations and complaints to which the special method is to be applied. It is thus presupposed that prior to utilising the special method, the staff member clarifies whether the concrete case is suited to the method.

In this context, in relation to drawing up the baseline for handling complaints prior to initiating the project it is important to take care that the baseline is drawn up on the basis of all cases within a department. In the baseline prior to the project, allowance has thus not been made for which cases actually can form part of the project and which cases the individual member of staff refers to the project.⁴³

Data have been collected for utilising the method:

1. In *actual complaints* where the citizen *has* formally complained to the municipality about a decision.
2. *Prior to an anticipated complaint* (typically when the member of staff is about to send a decision that is negative for the citizen).
3. In *everyday complaints* where a citizen sends an email, phones or comes in person to the municipality to object.

The range can be seen in the following table⁴⁴:

Types of complaints	The Municipality of Favrskov		The Municipality of Furesø	
	Nature and Environment	Planning and Construction	Children and Young People	Referral and Assessment
Actual complaints	21	16	19	20
Prior to an anticipated	23	37	18	42

⁴³ Before the project, in assessing expected time consumption in the project it was assumed that for different reasons the special method in *Strengthened Citizen Contact* would *not* be utilised on approximately 25% of complaints cases, corresponding to experience from the Netherlands.

⁴⁴ This only includes the cases registered by those who received instruction. Nature and Environment registered significantly fewer complaints and prior-to cases because peer-to-peer training took place during the project. All calculations in this report are based on registrations made by those encompassed by the project’s intervention.

complaint				
Everyday complaints	37	11	15	25

The Municipality of Favrskov and the Municipality of Furesø have collected data from the implementation of the training programme in the middle of March 2011 and up to 1st July 2012.

Before the data were collected, there was an introduction to objectives and procedures in registrations, and VIEMOSE has continuously visited all participating units to support continued engagement in the registration of data for the project.

The project leaders received a brief status report each month with information about the current number of participating employees, types of complaint, time consumed and preliminary calculations of the effect of the method.

As a general rule, the data were collected electronically by the completion of a so-called Case monitor (see annex 5). The Case monitor is very similar to the “Case monitor” developed and applied in the Netherlands when they first tested the method. This was done to make it possible to compare the Danish and the Dutch results as ”stringently” as possible.

In some cases the employees preferred to complete the Case monitor on paper. In these cases VIEMOSE undertook the subsequent entry into the database, which technically was organised and operated in cooperation with cBrain A/S.

The project description also laid the ground for the project testing the special method and simultaneously testing the possibility of simple IT support of the procedures.

It was thus the objective to harmonise the procedures connected with the project and thus ensure that the case workers received the best assistance possible to follow the same standards, irrespective of the organisations they work for. The derived effect could be to safeguard a high degree of learning and knowledge sharing both internally and among the participants. The objective was also to optimise the concrete procedures so as to create a preference for precisely this way of working. All in all, the IT support was further expected to contribute an increase in productivity, where complaints could be handled more quickly and efficiently

The participants in the municipalities – where case registration took place electronically – almost unanimously reported that they did not experience the electronic support as appropriate or particularly efficient.

The time consumption and the specific user interface received constant objections. Various initiatives were taken during the whole process to ensure the desired effect of the IT support, but the experience of the users was primarily characterised by the IT system leading to further work in utilising the methods.⁴⁵

Several persons experienced it as a clear improvement that registration was altered in the course of the project so that it could be undertaken in writing in paper documents.

All in all, it must be concluded that it was not possible to deliver the technology to support the method.

Time registration *includes* time spent on keying in the data. In several cases this constituted a substantial share of total time registered. This means that the time alone spent on handling the complaints (and not the other necessary tasks in the project) is *less* and the positive effect on saving time is thus *greater* than indicated in the results.

Data were collected for the complaints the employees chose to register in this project. In other words there are an unknown number of complaints in the different participating units that are not covered by the project. The participating units themselves estimated the number of complaints per year prior to the project. This baseline underlies the calculations of potential savings.⁴⁶

Data concerning **activity** – so-called intervention – were collected for each case:

- Phone call used internally with other administrations
- Phone call with citizen
- Phone call with those with consultation status
- Meeting with other administrations

⁴⁵ It was even reported that in some cases this meant that – merely to avoid using time on the IT system – employees have not utilised the special method in *Strengthened Citizen Contact* on complaints cases that otherwise were obvious candidates.

⁴⁶ The effect can be calculated with a greater degree of certainty by actually counting complaints and everyday complaints received for a specific unit. It was even reported that in some cases this meant that – merely to avoid using time on the IT system – employees have not utilised the special method in *Strengthened Citizen Contact* on complaints cases that otherwise were obvious candidates.

⁴⁶ The effect can be calculated with a greater degree of certainty by actually counting complaints and everyday complaints received for a specific unit.

- Meeting with citizen
- Meeting with those with consultation status

Data were collected concerning **use of time** for each registered case:

- Own time
- Time utilised by other administrations
- Time utilised by case worker
- Time utilised by department leader
- Time utilised by colleagues in the unit
- Time for phone call with citizen
- Time utilised on personal meeting with citizen

Data were collected for the employee’s experience of the whole process of the case in a so-called ”experience log”, where the employee ticked off boxes to make his or her own evaluation of the handling of the case.

At the beginning and conclusion of the project, data were collected concerning job satisfaction, including a great number of matters to illustrate how the employee experienced the introduction of the special method. A considerable part of these data were collected to make it possible to compare other parameters with the corresponding Dutch experience at a later point in time – and thus not included in this report.

In addition, data were collected concerning citizens’ experience of the way the case was handled by conducting telephone interviews with citizens whose complaint was handled with the previous procedures (that is before the pilot projects started) and concerning citizens who experienced the employees utilising the method in *Strengthened Citizen Contact*.

Those interviewed	The Municipality of Favrskov		The Municipality of Furesø	
	Nature and Environment	Planning and Construction	Children and Young People	Referral and Assessment
Previous procedure	29	22	5	11
Strengthened Citizen Contact	17	4	6	11

Data collected at Bispebjerg Hospital and Frederiksberg Hospital

Data were continuously collected at Bispebjerg Hospital and Frederiksberg Hospital for documentation of the effects of utilising the special method in *Strengthened Citizen Contact*.

It is the assessment that the data collected together with the subjective experience produce a picture of a method that lives up to experience from the Netherlands.

As described below, however, in certain situations the data produced have proved to be very meagre and data in other situations have significant possible sources of error. For this reason, data and the results of these must be read in this light. It is simultaneously the clear assessment that the special method leads to considerable positive effects on a large number of parameters and that the data support this assessment.

Data were collected concerning:

- The baseline for employees' handling of all complaints and objections in their everyday work at each department prior to the initiation of the project - by counting carried out over a three-week period as part of preparations for the project.
- Utilising the method on enquiries by patient or relative – by the individual employee him- or herself completing a paper form.
- Job satisfaction in particular regarding the part of the job concerning complaints and the complaining citizens. Data were collected prior to and at the conclusion of the project – by each individual member of staff completing a small electronic questionnaire anonymously and by means of a more thorough focus-group based survey by the Unit of Patient-Perceived Quality in the Capital region of Denmark.
- Satisfaction on the part of citizens whose complaint or objection was handled. Data were collected from citizens who experienced the utilisation of the method in *Strengthened Citizen Contact* – by interviews with the citizens in question. The interviews were conducted by Assistant Professor Lin Adrian, Ph.D. of the Faculty of Law at the University of Copenhagen.

Data have been collected for utilising the method for:

- Objections handled ad hoc by the individual employee at the departments

- Situations where an employee at the individual department could *anticipate* that a complaint could arise
- More serious situations, including formal complaints handled by the complaints taskforce at Bispebjerg Hospital

The data were collected by the employees completing a so-called Mini Case monitor (see annex 6). This was done on paper and VIEMOSE subsequently undertook the entry into a database developed for the purpose.

Data concerning **activity** – so-called intervention – were collected for each registered case:

- Reason for the talk (“Everyday complaint” or “Prior to anticipated complaint)
- Those involved (patient, relative or other)
- Form of intervention (spontaneous conversation, meeting or other (e.g. telephone conversation)
- Result/resolution

Many circumstances have impeded the collection of data:

The informal and spontaneous nature of the method did not support an employee prioritising going into an office to enter data in a form following a talk with a patient or relative in the corridor or ward.

The data collection part of the project is one among a very great volume of data collection obligations that health personnel have and which in themselves constitute a time-consuming – and frequently criticised – challenge in competition with the basic functions for the individual employee. The procedures in the method frequently become part of “that’s just what we do”, and therefore the situations are difficult to distinguish and have registered.

The range can be seen in the following table:

Types of complaint	Frederiksberg Hospital			Bispebjerg Hospital	
	Department H (FRB)	Department M (FRB)	Department U (FRB)	Department K2 (BBH)	Complaints taskforce
Everyday complaint	13	5	14	25	-

Prior to an anticipated complaint	8	9	5	5	-
Complaint	-	-	-	-	11

Data were collected from the completion of the training programme in the middle of November 2011 and up to 1st July 2012.

In addition data were collected concerning:

- Time utilised on conversation in the form of meeting
- Time utilised on telephone conversation
- Time utilised in other forms

The total average time consumption on both types of conversations (ad hoc and meetings) in the four departments appear from the table below.

Time utilised	Frederiksberg Hospital			Bispebjerg Hospital	
	Department H (FRB)	Department M (FRB)	Department U (FRB)	Department K2 (BBH)	Complaints taskforce
Total number of cases	21	14	19	30	11
Average time consumption in minutes	20	11	10	12	222
Share of time previously used	123 % ⁴⁷	69 %	64 %	138 % ⁴⁸	49 %

⁴⁷ The figure also reflects the fact that during the project it was found appropriate in more cases than previously to invite the citizen to a small meeting about their inquiry rather than holding the conversation standing in the corridor or in the ward or over the telephone.

⁴⁸ Ditto

Results in relation to objectives - evaluation analysis

Below can be seen the effect that utilising the special method in *Strengthened Citizen Contact* has had, measured on the parameters set up as target figures for the project.⁴⁹

Objective/result for municipalities	The Municipality of Favrskov		The Municipality of Furesø	
	Nature and Environment	Planning and Construction	Children and Young People	Referral and Assessment
Reduction in number of complaints	Target: 50 % Achieved: 81 %	Target: 50 % Achieved: 88 %	Target: 50 % Achieved: 56 %	Target: 50 % Achieved: 48 %
Reduction in time consumption	Target: 30 % Achieved: 49 %	Target: 30 % Achieved: 40 %	Target: 30 % Achieved: 40 %	Target: 30 % Achieved: 7 %
Reduction in costs	Target: 20 – 25 % Achieved: 49 %	Target: 20 – 25 % Achieved: 40 %	Target: 20 – 25 % Achieved: 40 %	Target: 20 – 25 % Achieved: 7 %
Change in citizen satisfaction	Target: 15 – 20 % Achieved: 16 %	Target: 15 – 20 % Achieved: 47 %	Target: 15 – 20 % Achieved: 52 %	Target: 15 – 20 % Achieved: 32 %

In relation to the reduction achieved in costs, a point of departure was taken in the labour-saving potential calculated for the employees who were directly affected. The most significant saving is found in this personnel group. Furthermore, there will be other smaller reductions in the financial costs, just as

⁴⁹ We have kept to the objectives set up at the start of the project in our calculation, but it should be noted that a number of other results were achieved during the project, e.g. concerning the utilisation of the special method "prior to" a complaint.

there will be additional costs in the individual areas. This is reported in more detail in the section concerning labour-saving potential.

¹ In the Netherlands resource savings have been calculated by taking the saving achieved in time for cases that **were** resolved through the special method **and** in the cases that were **sent forward** in the formal complaints system. Registration of time consumption on the cases that could not be concluded with *Strengthened Citizen Contact* has not been included in this project. It has, therefore, not been possible to calculate financial savings that are comparable with experience in the Netherlands.

Objective/result for Hospitals	Frederiksberg Hospital			Bispebjerg Hospital	
	Department H (FRB)	Department M (FRB)	Department U (FRB)	Department K2 (BBH)	Complaints taskforce
Reduction in number of complaints	Not measured	Not measured	Not measured	Not measured	90 %
Reduction in time consumption ⁵⁰	Target: 30 % Achieved: -23 %	Target: 30 % Achieved: 31 %	Target: 30 % Achieved: 36 %	Target: 30 % Achieved: -38 %	Target: 30 % Achieved: 51 %
Reduction in costs	Target: 20-25 % Cannot be calculated	Target: 20-25 % Achieved: 65 %			
Change in citizen satisfaction	Target: 15 – 20 % Achieved: Not calculated in %	Target: 15 – 20 % Achieved: Not calculated in %	Target: 15 – 20 % Achieved: Not calculated in %	Target: 15 – 20 % Achieved: Not calculated in %	Target: 15 – 20 % Achieved: Not calculated in %

In relation to the reduction achieved in costs, the calculation only includes savings in direct labour costs. If the costs of cases being handled by the National Agency for Patients' Rights and Complaints, which is the responsibility of the regions, are included, the savings will be even higher in absolute figures (DKK 10,850/case) and in percentages (approx. 85 %).

The labour-saving potential calculated for the employees in the complaints task-force who are directly affected is 43 %. Furthermore, there will be other

⁵⁰ The measurement was carried out on *objections* (ad hoc talks with patients or relatives) and not on actual formal complaints. The baseline is 7 minutes at Frederiksberg Hospital and 9 minutes at Bispebjerg Hospital. The calculation has been carried out for the complaints taskforce at Bispebjerg Hospital who have handled actual formal complaints. The baseline here is approx. 8 hours.

smaller reductions in the financial costs, just as there will be additional costs in individual areas. This is reported in more detail in the section concerning labour-saving potential.⁵¹

⁵¹ See note 30 or an explanation of the difference between the labour-saving potential and a reduction in costs.

The labour-saving potential

The labour-saving potential is a key focus area for the project. At the conclusion of the project, this potential was calculated for the four departments in the two municipalities and for the complaints handled by the special "complaints taskforce" at Bispebjerg Hospital.

The calculations in the diagram below concern the utilisation of the special method on actual complaints, and thus not everyday complaints and the situations where the special method was utilised prior to a decision.

A separate calculation has been drawn up for "prior to complaints". See Annex 4.

The labour-saving potential of the project								
The project's labour-saving potential for directly affected target group(s)	Present total annual consumption (Before the project)		Anticipated total annual consumption (After the project)		Annual savings		Annual savings in percentages	
	Key in group	Full-time equivalents	Payroll costs	Full-time equivalents	Payroll costs	Full-time equivalents	Payroll costs	Full-time equivalents
Furesø: Children and Young People	1.00	375,000	0.60	225,000	0.40	150,000	40 %	40 %
Furesø: Referral and assessment	0.09	31,950	0.08	29,650	0.01	2,300	7 %	7 %
Favrskov: Nature and Environment	4.87	2,191,500	2.50	1,125,000	2.37	1,066,500	49 %	49 %
Favrskov: Planning and Construction	6.19	2,630,750	3.74	1,589,500	2.45	1,041,250	40 %	40 %
Bispebjerg Hospital: Complaints taskforce	0.07	55,120	0.04	22,892	0.03	32,228	43 %	58 %
Total, directly affected target groups:	12.22	5,284,320	6.96	2,992,042	5.26	2,292,278	43 %	43%
The project's labour-saving potential for indirectly affected target group(s)	Present total annual consumption		Anticipated total annual consumption		Annual savings		Annual savings in percentages	
	Key in group	Full-time equivalents	Payroll costs	Full-time equivalents	Payroll costs	Full-time equivalents	Payroll costs	Full-time equivalents
Furesø: Referral and assessment	0.06	22,000	0.03	11,000	0.03	11,000	45 %	50 %
Furesø: Children and Young Peo-	0.06	22,000	0.03	11,000	0.03	11,000	45 %	50 %

ple								
Favrskov: Nature and Environment, department leader	0.18	93,600	0.09	46,800	0.09	46,800	50 %	50 %
Favrskov: Planning and Construction, department leader	0.09	75,240	0.05	37,620	0.05	37,620	50 %	50 %
Total. indirectly affected target groups:	0.39	212,840	0.20	106,420	0.20	106,420	49 %	50 %
Any extra work for the target group(s) affected	Present total annual consumption		Anticipated total annual consumption		Additional annual consumption		Additional annual consumption in percentages	
Key in group	Full-time equivalents	Payroll costs	Full-time equivalents	Payroll costs	Full-time equivalents	Payroll costs	Full-time equivalents	Payroll costs
Furesø: Children and Young People	0.00	0	0.03	11,250	0.03	11,250	0 %	0 %
Furesø: Referral and assessment	0.00	0	0.01	3,550	0.01	3,550	0 %	0 %
Favrskov: Nature and Environment	0.00	0	0.09	40,500	0.09	40,500	0 %	0 %
Favrskov: Planning and Construction	0.00	0	0.03	12,750	0.03	12,750	0 %	0 %
Total, extra work:	0.00	0	0.16	68,050	0.16	68,050	0 %	0 %
The total labour-saving potential of the project	Present total annual consumption		Anticipated total annual consumption		Annual savings		Annual savings in percentages	
	Full-time equivalents	Payroll costs	Full-time equivalents	Payroll costs	Full-time equivalents	Payroll costs	Full-time equivalents	Payroll costs
Total	12.55	5,475,160	7.29	3,155,512	5.26	2,319,648	42 %	42 %

The calculations in the above diagram have been carried out as follows
Concerning labour-saving potential for directly affected target groups

Present total annual consumption:

The point of departure was baseline figures for present full-time equivalents used on handling actual complaints as the project participants have estimated them. The table on page 29 shows the baseline for number of complaints.

The reason Nature and Environment in the Municipality of Favrskov is considerably higher than either Planning and Construction in the Municipality of Favrskov or the two departments in the Municipality of Furesø is that in the area of nature and the environment, especially in the Municipality of Favrskov there traditionally have been many complaints, primarily due to many conflicting interests (applicant, interest groups etc.).

The difference between the individual departments should, moreover, be seen as a reflection of the fact that these are widely different areas. Added to that are the demographic conditions in the municipalities, which also may be grounds for a different approach to making a complaint and for the municipalities' handling of complaints.

Annex 9 contains an outline list of baseline costs for handling a complaint in the respective units.

Anticipated total annual consumption:

The point of departure for calculating anticipated total annual consumption was the registered time consumption for actual complaints during the project in the four administrations and the complaints taskforce at Bispebjerg Hospital for the part of the cases where utilisation of the method has led to the case being concluded. To this has been added the time spent on cases where the special method was used but without the cases thereby being concluded, i.e. the time that in the baseline was assumed would be used on processing complaint cases. These two figures were then scaled up to the number of complaints assumed in the baseline (see the number in the diagram on page 25). To put it another way: The project has shown less consumption of time on part of the total volume of complaints in each of the participating departments. If the project had applied the method to the originally assumed number of complaints, for example the total volume of complaints for Nature and Environment is 550 per year, the anticipated total annual consumption in the administration would be as noted in the column.

The calculation does not make allowance for the fact that the special method in *Strengthened Citizen Contact* cannot be applied to a (small) part of the total

volume of complaints in a department. Even though the starting point of the method is that it can be applied to practically all types of cases, according to circumstances there will be cases where the employees assess that the method should not be utilised. These could be, for example, cases concerning people who do not speak Danish or cases that are political in nature. There is no closer assessment in the project's data material of the number of occasions where an employee has actively chosen not to apply the method. For this reason the labour-saving potential can be somewhat smaller than noted above.

Neither does the calculation of the labour-saving potential include the fact that in the long term preventive complaint activity will probably reduce the annual number of complaints, meaning that there will be fewer complaints to handle.

Payroll costs for the municipalities were calculated with the same wage level as noted in the fields for "present annual consumption". In the case of the complaints taskforce, it has been registered that the level of payroll costs was lower when the special method was applied, and this has been factored into the diagram.

Annual savings when utilising Strengthened Citizen Contact:

Original time used minus time consumed on cases as well as cases not concluded.

The great difference in savings potential between the different departments in the two municipalities is closely connected to the great difference in time spent on the individual types of complaint. The different wage levels also play a role. See annex 9 for elaboration.

Concerning labour-saving potential for indirectly affected target groups.

Figures from estimated in connection with starting up the project and used in the project's budget were used here. No precise measurement was carried out of indirectly affected employees (functional managers, department leaders etc.), but at the conclusion of the project the persons in question confirmed that the calculated potential is accurate.

It is the assessment that as a point of departure the time consumed by the indirectly affected target group will not be significantly important for the total labour-saving potential, as the time used on handling complaints by this target group is limited.

The labour-saving potential for indirectly affected target groups in the hospitals has not been calculated due to the lack of adequate data.

Concerning extra work for target groups affected:

Extra work for the cases that were concluded are included, cf. above. But it is assumed for cases where applying *Strengthened Citizen Contact* did not lead to a conclusion that the part of registered time consumption used for *speaking on the telephone or meeting citizens* is extra consumption. The remainder of the time is preparation of the case, which would have had to take place under all circumstances.

As time consumption per case that is not concluded differs from one department to the other, the extra consumption is also different.

The labour-saving potential for indirectly affected target groups in the hospitals was not calculated due to the lack of adequate data.

National potential

National labour-saving potential	
Total annual labour-saving potential for the project in full-time equivalents	5.26
Number of annual repetitions of the working process that the project is directed at	1595
Annual labour-saving potential in full-time equivalents per repetition of working process	0.00329780 6
Annual repetitions of working process at national level	184675
Labour-saving potential through national dissemination, in full-time equivalents	609.0222571

The national labour-saving potential has been calculated solely on the basis of the figures from the four municipal units.

The number of annual repetitions of a working process is the total volume of complaints in the four departments, as stated in the project's baseline for the four municipalities.

When the numbers of annual repetitions of a working process were calculated at national level, the total volume of complaints in the four municipalities was scaled up to national level by a simple calculation of the relative size of the population in the municipality.⁵²

⁵² This is a purely technical – and very simplified – calculation. Demography, the rural – urban ratio, social conditions etc, play a decisive role in the number of complaints a municipality actually receives.

Project finances

When the ABT Fund approved *Strengthened Citizen Contact*, the total budget of the pilot project was DKK 9,009,920. Of this the budgeted grant from the Fund was DKK 6,757,440 (=75 %) and own financing for the two municipalities and the two hospitals was a total of DKK 2,252,480 (=25 %).

The accounts for the pilot project show total costs of DKK 7,534,057.

The individual items of the account compared with the original and later revised (and approved) budget are thus:

	Budget	Accounts
Salary for own personnel	3,951,165	2,554,758
Technology	1,386,951	1,336,031
Other goods and materials	273,000	265,209
Services (e.g. consultants)	1,723,941	1,851,672
Course activities	1,319,818	1,262,339
Travel, transport and driving	246,500	210,001
Audit	60,000	10,000
Other	77,250	44,047
Direct expenditure	9,038,625	7,534,057
Own financing	2,281,225	1,883,514
Co-financing from the Danish Public Welfare Technology Fund	6,757,400	5,650,543

It appears from the accounts that the total budget is DKK 9,038,625. The project budget was revised in the course of the project, although the pledge from the ABT Fund of a maximum grant of DKK 6,757,400 was not changed. It is thus solely a matter of larger own financing, which, however, was not realised as the accounts show costs that were significantly lower than what was budgeted.

The financial balance of the project

Financial balance of the pro-	2011	2012	2013	2014	2015	Total
Direct labour savings	1,722,935	2,292,278	2,292,278	2,292,278	2,292,278	10,892,047
Indirect labour savings	106,420	106,420	106,420	106,420	106,420	532,100
Other savings (e.g. operating e)		108,500	108,500	108,500	108,500	434,000
<i>Financial gains, total</i>	<i>1,829,35</i>	<i>2,507,19</i>	<i>2,507,19</i>	<i>2,507,19</i>	<i>2,507,19</i>	<i>11,858,1</i>
Costs for extra work	201,788	68,050	68,050	68,050	68,050	473,988
Total project costs	5,349,180	2,184,877				7,534,057
Increased costs (e.g. operating es)						0
<i>Costs, total</i>	<i>5,550,96</i>	<i>2,252,92</i>	<i>68,050</i>	<i>68,050</i>	<i>68,050</i>	<i>8,008,04</i>
Annual financial balance	-3,721,613	254,271	2,439,148	2,439,148	2,439,148	3,850,102
<i>Summed up financial balance</i>	<i>-613</i>	<i>-342</i>	<i>-194</i>	<i>1,410,95</i>	<i>3,850,10</i>	

ANNEXES

- Annex 1: Supplementary recommendations and evaluations contributed by project leaders and participants.
- Annex 2: Summary of interviews with patients/relatives where the methods in *Strengthened Citizen Contact* have been applied.
- Annex 3: Reflections about the data in the project.
- Annex 4: Labour-saving potential when utilising "prior to".
- Annex 5: *The Table Triangle* and the *Pocket Card*
- Annex 6: *The Case monitor*
- Annex 7: *The Mini Case monitor*.
- Annex 8: Report from *The Unit of Patient-Perceived Quality*.
- Annex 9: Costs of complaints - baseline

Annex 1 – Supplementary recommendations

Supplementary recommendations and evaluations contributed by project leaders and participants.

As part of the final evaluation of the project, the project leaders contributed comments on the evaluation questions in the report matrix of the Danish Public Welfare Fund.

The participants were likewise asked to evaluate the new method and its effects and their thoughts on introducing and embedding the method.

Employees and leaders at the hospitals have, among other things, contributed evaluations, recommendations and warnings through focus group interviews.

The Department of Urban Development and Business in the Municipality of Furesø similarly contributed their recommendations to experience gathering when they left the project.

Concerning the effect of the method on handling complaints:

- We have discontinued complaints– prevented them from developing into a complaint. Dissatisfaction on the part of the citizens was heard and other solutions were discussed.
- We obtain more information when we phone citizens and this qualifies our decision.
- Direct contact, where one gets all the intermediate matters so that one's professionalism is also sharpened.
- One becomes a little humble about the process for the patients when one suddenly really listens to a patient or relative – but one only does this when one knows the method.

The method as viewed by the employees:

- There is greater job satisfaction due to increased dialogue and a common understanding with the citizen.

- At the same time the method provides a structure, and one thing this means is that the citizen's anger can be put away and out into "another space".
- The pile of complaints is smaller – and it is legitimate to deal with the complaint immediately.
- One doesn't use as much energy on it. Complaints are not so negative and one learns something every time. Complaints have actually become an interesting challenge in one's work, where one can learn something and where one discovers something new in the patient's perspective.

The method as viewed by management:

- From the management perspective, we view the method as quite crucial in the many adjustments (cuts) in public service in the coming years. Strengthened and systematic dialogue with the citizens will be quite decisive for making it possible to implement the necessary adjustments.
- From the boss's chair, the experience is that fewer complaints come in via the mayor and director.
- Although there sometimes is a higher consumption of time in the preliminary work with potentially difficult cases, there is far less time consumed at the level of manager/political level.

Concerning the implementation of the special method:

- A clear position must be signalled from the top so that the expectation is that this will apply to all. Management must take the lead. Management must make demands.
- It has been important that the project has been prioritised from the beginning, that it has been backed by management and that the city council and the executive management have been positive about working with the method - this has been motivating.
- Follow-up meetings every fortnight where good and bad examples are reviewed have been a central point in achieving the objectives. The participants point out that the meetings have been important for motivation and for not reverting to a usual pattern, and for engagement in using the method. On the issue of what functions well in terms of introduction, one thing mentioned is articulation at weekly follow-up meet-

ings, where one could also speak about how what was difficult having functioned.

- The mayor and management have focused on the citizens' involvement. This has supported us in holding on and using the method.
- There were monthly statistics about the status for processing complaints cases. This has been motivating for the progress of the cases.
- The focus was there at the start – and it has fallen over time. The momentum must be maintained. It can be taken up at department meetings and it can be done by meeting some time after the first course.
- It is effective quite visually to have the table triangle standing on desks, counters etc. Its signalling effect is very valuable and shows: “That’s what we do here!”
- As many as possible should be introduced. It is not good that it is only one or a few employees or just one professional group. Otherwise it will not be characteristic of the department.
- It must be in the uniform library⁵³ – one should have it in one’s pocket.

Reservations and warnings

- The method must be established as simplicity – not with all sorts of registrations and supplements that cause a bad conscience.
- When one is verbally assaulted by a complainant on the phone, it can be difficult to start applying the method.
- It is important to start using it quickly after the course and to use it a few times so that one feels at home in it.

⁵³ Health personnel have several pocket-size manuals that are used in different situations – these are part of their uniform library

Annex 2 – Brief summary of interviews

Brief summary of interviews with patients/relatives where the methods in *Strengthened Citizen Contact* have been applied

The following are the most important points from the survey:

- Almost all interviewees appreciate the hospital phoning them. It seems surprising, accommodating and as though the patient/relative is being taken seriously. *"The fact that he calls is being taken seriously. That he reacts"*.

In one situation the complainant does not experience the phone call as especially useful. It is, however, good because, as she points out, it is possible that others would appreciate it. *"I think it's a good thing. I didn't really need it, but others may"*.

- Most of the interviewees would use the hospital again and seem more focused on their incident not happening to other people.
- The special method has a positive effect. It would, however, be stronger if there were a follow up. For the citizens more credibility would be created if agreements made were honoured and that it is taken seriously that there is something to be learned. Several question the credibility of the personnel/ hospital. Thoughts such as: *Do they actually take the case seriously? Would they have held a meeting if I had said yes? Would they take the case etc. out to the department, use it for learning etc.?*

Several interviewees experienced that agreements made with health personnel were not honoured (e.g. an agreement made to see a specialist at the next visit to the hospital was not honoured when the patient came) or taken seriously (e.g. they do not phone back at the time agreed). This leads to an experience of constant mistrust and annoyance. *"I thought it was really good to get that meeting. I was really happy about it. I was so disappointed afterwards that they did not do the things that were said at the meeting. I think that's rather bad."*

- Several mention cases where during the talk the health personnel do not really know the situation they are phoning about
- Phone at a bad time without asking if "it is suitable".

- Do not inquire about the citizens, the case etc. but ask directly if a dialogue meeting is desired.
- It is clear that it is usually a big, serious thing for a patient/relative to send a complaint. Confusion about where to send it, where it ends and what happens to it is apparent. *"When one goes in and looks at those complaint forms, a great lot has to be filled in. I thought: "Do you want this? But I pulled myself together and did it."*
"It was difficult. Really difficult ...and it's all formulated like 'I want to complain about'. I would have liked to be able to formulate myself differently than 'I want to complain about this, I want to complain about that'. I think that instead I would say that I wondered about the treatment I got."

Further points from the survey

Would you allow yourself to be treated at the hospital again?

"Yes, probably. I don't think I have such a great influence on it. I got a rather early perception of the treatment guarantee. As a patient, when it comes down to it one doesn't have as many options as it says in the fancy brochures."

"Yes, I was also treated there again. When you are so sick, you don't really care where you are treated. Just as long as you're treated. It was also the closest, so I had to go there."

What advice would you have for handling situations like yours in the future – if you have any?

"Do what they promise to do. Be active afterwards also. Do the things they say. That they help one along the way with things. Their words carry more weight than mine."

"Like this. She also said to me during our talk that they had changed the procedure down in the corridor."

About the future?

"...If that happens in the future to one's children and relatives or someone one knows or does not know; it should just not happen to other people. Because one trusts the doctor and one trusts the hospital when one approaches it. One hopes for the right answers and treatment."

Annex 3 – Reflections about the data in the project

The project compares results with the results obtained in the Netherlands, where more than 20 public authorities participated in the pilot project. The Dutch Ministry of the Interior appointed researchers to monitor, document and analyse the effects. The Dutch researchers naturally applied recognised research methods and went considerably further into contexts and interpretations than the premises were in the Danish context. The framework of the pilot project in Denmark was to obtain *documentation* – and not to conduct extensive analyses and actual research.

One reason it nevertheless was decided as far as possible to collect the same types of data as in the Netherlands was to enable us to make valid comparisons at a later date with the more comprehensive Dutch research results.

The baseline measurements in the municipalities were carried out by the participating units as part of preparing the project. These are consolidated estimates based on the knowledge and experience of management and employees.

The baseline at the hospitals was produced by employees at the participating departments registering the number and the approximate consumption of time for all the everyday objections they handled over a three-week period. The baseline must be regarded as too high with respect to number and too low with respect to consumption of time in some of the types of inquiries from patients and relatives handled by the health personnel. Some reasons for this are:

- Everything that could be in the least frustrating was included in the baseline measurement. The reason for this was insufficient knowledge at the time of registration about the subsequent project and the situations in which utilising the method would be relevant. For example, situations where a patient asked for a glass of water were included, even though this would not be a situation that would later be registered as a *Strengthened Citizen Contact* case.
- When the employees had been trained in the method, they utilised it in two different forms: here and now talks and at scheduled meetings. The baseline measurements were not carried out with this express division in mind.
- The baseline concerning time consumption shows an average figure for a great number of very brief talks with patients or relatives, which has a negative effect. This means that it can be said with certainty that in the

situations where there actually is a complaint or an objection, time consumption (also average) is higher than the baseline for this project.

In the data that were registered for the utilisation of the method, this is a classic reservation alone because to some degree the many participating employees used different criteria for their respective registrations. An attempt was made to compensate for this by means of a thorough introduction to data collection and several visits to the participating departments by VIEMOSE, as well as an “open line” for the employees to ask questions in connection with their registrations. All registrations made were subsequently examined, and in each case of atypical registration an adviser from VIEMOSE spoke with the employee responsible to correct any mistakes or confirm the registration that was made. The employee him- or herself then made the corrections.

The method itself in *Strengthened Citizen Contact* is based on quick, proactive, solution-oriented and actually rather informal dialogue between the citizen and the employee handling the case. According to the participants, time consumption and the practical challenges of the work of registration fitted badly with these characteristics. According to information from the project leaders, in the municipalities this meant that the method often was used *without* the employee then spending time on the registration work in the project. That is to say that the method was utilised more than can be seen from the data basis.

From the start, registration of data at the hospitals was under pressure for many reasons. All participating departments report that the method is utilised on a daily basis – but that the subsequent registration in a form did not take place to anything like the same extent. The participating employees’ daily pressure of work and competition with other registration tasks led to a short version of the Case monitor being drawn up – a Mini Case monitor (see annex 6). This was printed in the form of a block with 50 sheets and placed in the employees’ office. This was a reminder to the employees to register, but apparently did not lead to all cases being registered. This is probably also part of the explanation for the low number of registrations.

Annex 4 – Calculation of labour-saving potential when utilising "prior to".

When the special method is utilised "prior to", the labour-saving potential can be calculated as follows:

The labour-saving potential ”prior to”

The project’s labour-saving potential for directly affected target group(s).	Present total annual consumption (Before the project)		Anticipated total annual consumption (After the project)		Annual savings		Annual savings in percentages	
	Full-time equivalents	Payroll costs	Full-time equivalents	Payroll costs	Full-time equivalents	Payroll costs	Full-time equivalents	Payroll costs
Furesø: Children and Young People	1.00	375,000	0.44	165,000	0.56	210,000	56 %	56 %
Furesø: Referral and assessment	0.09	31,950	0.05	17,750	0.04	14,200	44 %	44 %
Favrskov: Nature and Environment	4.87	2,191,500	2.39	1,075,500	2.48	1,116,000	51 %	51 %
Favrskov: Planning and Construction	6.19	2,630,750	3.03	1,287,750	3.16	1,343,000	51 %	51 %
Total, directly affected target group:	12.15	5,229,200	5.91	2,546,000	6.24	2,683,200	51 %	51 %
The project’s labour-saving potential for indirectly affected target group(s).	Present total annual consumption		Anticipated total annual consumption		Annual savings		Annual savings in percentages	
	Full-time equivalents	Payroll costs	Full-time equivalents	Payroll costs	Full-time equivalents	Payroll costs	Full-time equivalents	Payroll costs
Furesø: Coordinators	0.11	44,000	0.06	22,000	0.06	22,000	50 %	50 %
Favrskov: Nature and Environment, department leader	0.18	93,600	0.09	46,800	0.09	46,800	50 %	50 %
Favrskov: Planning and Construction, department leader	0.09	75,240	0.05	37,620	0.05	37,620	50 %	50 %
Total indirectly affected target group:	0.38	212,840	0.19	106,420	0.19	106,420	50 %	50 %

Any extra work for the target group(s) affected	Present total annual consumption		Anticipated total annual consumption		Additional annual consumption		Additional annual consumption in percentages	
	Full-time equivalents	Payroll costs	Full-time equivalents	Payroll costs	Full-time equivalents	Payroll costs	Full-time equivalents	Payroll costs
Furesø: Children and Young People	0.00	0	0.01	2,625	0.01	2,625	0 %	0 %
Furesø: Referral and assessment	0.00	0	0.00	710	0.00	710	0 %	0 %
Favrskov: Nature and environment	0.00	0	0.01	2,250	0.01	2,250	0 %	0 %
Favrskov: Planning and Construction	0.00	0	0.01	3,400	0.01	3,400	0 %	0 %
Total, extra work:	0.00	0	0.02	8,985	0.02	8,985	0 %	0 %
The total labour-saving potential	Present total annual consumption		Anticipated total annual consumption		Annual savings		Annual savings in percentages	
	Full-time equivalents	Payroll costs	Full-time equivalents	Payroll costs	Full-time equivalents	Payroll costs	Full-time equivalents	Payroll costs
Total	12.53	5,442,040	6.12	2,661,405	6.41	2,780,635	51 %	51 %

If it is assumed that the number of opportunities for utilising the special method "prior to" corresponds to the baseline for the number of complaints in the departments involved (and this is set low), the labour-saving potential could be calculated as follows:

National labour-saving potential	
Total annual labour-saving potential for the project in full-time equivalents	6.41
Number of annual repetitions of the working process that the project is directed at	1578
Average labour-saving potential in full-time equivalents per repetition of the working process	0.004062104
Annual repetitions of working process at national level	184675
Labour-saving potential through national dissemination in full-time equivalents	750.1690431

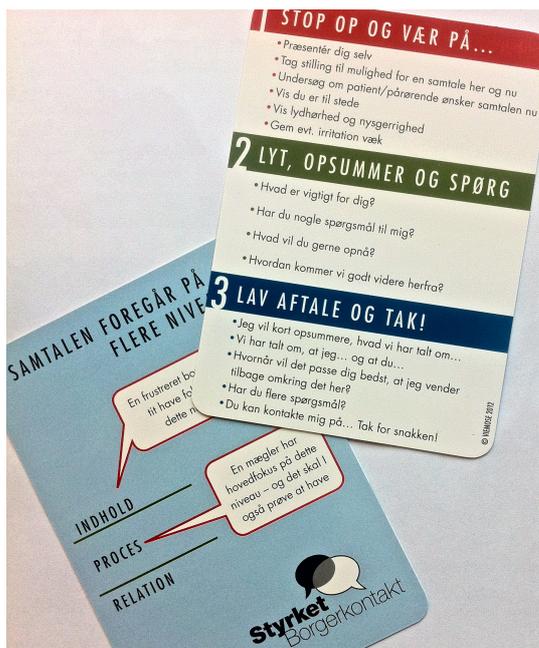
Annex 5 – The Table Triangle and the Pocket Card

The table triangle



The table triangle was an important tool in training the methods in *Strengthened Citizen Contact*, and afterwards it was utilised as a support instrument in handling complaints.

The Pocket Card



The pocket card was developed for and used by personnel at Frederiksberg Hospital and Bispebjerg Hospital and is thus part of the so-called uniform li-

Annex 6 – The Case monitor

Case monitor – used when collecting data in connection with utilisation of the methods in *Strengthened Citizen Contact* in the two municipalities and at Bispebjerg Hospital (complaints taskforce).

SAGS-LOG

Dette skema bruges til at fastholde væsentlige oplysninger om hver sag.

Informationerne indgår både som en del af projektledelsens grundlag for styring af projektet, og som grundlag for dokumentation og formidling overfor ABT-fonden og andre.



1. Generelt	
Navn og telefonnummer på borger	<input type="text"/>
Fase	<input type="checkbox"/> Forud for afgørelse <input type="checkbox"/> Hverdagsklage <input type="checkbox"/> Klage, indsigelse eller anke
Område	<input type="text"/>
De involverede parter	<input type="checkbox"/> Ansøger/klager <input type="checkbox"/> Høringsberettiget <input type="checkbox"/> Tredje part: <input type="text"/>
Kort beskrivelse af sagen	<input type="text"/>
2. Intervention	
Navn på sagsbehandler	<input type="text"/>
Erfaring med Styrket Borgerkontakt sager	<input type="checkbox"/> 1 til 10 sager <input type="checkbox"/> 11 til 30 sager <input type="checkbox"/> 31 sager eller mere
Intervention	<input type="checkbox"/> Telefonsamtale med <input type="checkbox"/> Forvaltning(er)/relevante afdeling(er) <i>Eventuelt også e-mails eller breve</i> <input type="checkbox"/> Høringsberettiget <input type="checkbox"/> Ansøger/klager <input type="checkbox"/> Tredje part (<i>in terressenter</i>) <input type="checkbox"/> Samtale eller møde med <input type="checkbox"/> Forvaltning(er)/relevante afdeling(er) <i>Personligt møde</i> <input type="checkbox"/> Høringsberettiget <input type="checkbox"/> Ansøger/Klager <input type="checkbox"/> Tredje part (<i>in terressenter</i>)
Resultat/Løsning	<input type="text"/>
<i>Giv en kort og konkret beskrivelse af løsningen eller resultatet af sagen</i>	

3. Tidsregistrering

<p>Tidsforløb</p> <p>Startdatoen er den dato, sagen er indkommet. Slutdatoen er datoen, hvor den primære beslutning er truffet, eller hvis der er klaget eller anket over beslutningen, den dato hvor klagen/anken er færdigbehandlet eller trukket tilbage.</p> <p>Behandlingstid</p> <p>NB: Tid angives i timer og minutter.</p> <p>Hvis sagsbehandleren selv er fra den primære forvaltning/afdeling kan det forekomme, at ingen andre i forvaltningen/afdelingen har været inddraget i sagen.</p> <p>Udfyld de relevante oplysninger.</p>	<p>Startdato <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>Slutdato <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>Aftalt udsættelse (evt.) <input type="text"/> dage</p> <hr/> <p>Sagsbehandlerens egen tid <input type="text"/> timer <input type="text"/> min.</p> <p>Andre i egen afdeling/forvaltning <input type="text"/> timer <input type="text"/> min.</p> <p>Afdelingsleder <input type="text"/> timer <input type="text"/> min.</p> <p>Andre/øvrige (evt. i andre afdelinger/forvaltninger) <input type="text"/> timer <input type="text"/> min.</p> <hr/> <p>Total <input type="text"/> timer <input type="text"/> min.</p>
<p>Borgerkontakt</p>	<p>Via telefonen <input type="text"/> timer <input type="text"/> min.</p> <p>Personlig samtale <input type="text"/> timer <input type="text"/> min.</p> <hr/> <p>Total <input type="text"/> timer <input type="text"/> min.</p>
<p>Omkostninger</p>	<p>Evt. særlige omkostninger eller udgifter <input type="text"/> DKK</p>

4. Særlige observationer

<p>Beskriv de særlige omstændigheder ved sagen</p> <p>For eksempel:</p> <p>(1) Sagsbehandleren har tidligere haft kontakt til samme borger;</p> <p>(2) Sagen er bedre egnet til formel behandling på grund af fare for eskalering af sagen;</p> <p>(3) Forvaltningen/afdelingen har lavet en fejl, og en hurtig løsning er ønsket etc.</p>	<div style="border: 1px solid #ccc; height: 120px; width: 100%;"></div>
<p>Hvilke observationer er væsentlige, hvis du ser dem i forhold til læringsprocessen (tilbage-melding/feedback til projektleder og forvaltning/afdeling)?</p> <p>Hvilke erfaringer kan vi drage på baggrund af denne sag? Er sagen omtalt i forvaltningen/afdelingen? Var der tilfredshed? Er samarbejdet forstærket?</p>	<div style="border: 1px solid #ccc; height: 120px; width: 100%;"></div>

BILAG: SAGS-LOG



FOR & IMOD

Sagen er muligvis udvalgt på basis af en liste over forhold, som talte for hhv. imod. Angiv hvilken der var tale om og giv en kort forklaring på de vigtigste overvejelser i udvælgelsesprocessen.

1. Det talte for

For	<ul style="list-style-type: none"><input type="checkbox"/> Plads og villighed til at bevæge sig<input type="checkbox"/> Parterne har en længerevarende relation<input type="checkbox"/> Der er følelser indblandet i sagen<input type="checkbox"/> En retlig afgørelse er ikke en løsning<input type="checkbox"/> Kommunikationsproblemer<input type="checkbox"/> Borgeren vil være glad for en hurtig løsning<input type="checkbox"/> Andre forhold: <div style="border: 1px solid #ccc; height: 20px; width: 100%; margin-top: 5px;"></div>
-----	---

2. Det talte imod

Imod	<ul style="list-style-type: none"><input type="checkbox"/> Borgeren er ikke i stand til at søge en løsning<input type="checkbox"/> Sagen har et strafferetligt aspekt<input type="checkbox"/> Nøglepersoner vil ikke medvirke<input type="checkbox"/> Sagen kan skabe en forkert præcedens<input type="checkbox"/> Sagen kræver en retlig afgørelse<input type="checkbox"/> Der er for mange parter og ingen repræsentation<input type="checkbox"/> Der er ingen plads til at bevæge sig<input type="checkbox"/> Sagen er politisk følsom<input type="checkbox"/> Andre forhold: <div style="border: 1px solid #ccc; height: 20px; width: 100%; margin-top: 5px;"></div>
------	--

3. Begrundelse for valget

Giv en kort begrundelse af hvorfor denne sag er udvalgt til Styrket Borgerkontakt	<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div>
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Oplevelses-log – sagsbehandler

Du bruger dette skema, efter at du har haft en samtale med en borger (*enten ansøger eller klager*), eller har fået en forespørgsel uden, at andre (*kollegaer eller andre borgere*) har været involveret. Der er således tale om én til én kontakt med borgeren. Du har prøvet at finde den bedste løsning på problemet sammen med borgeren. Du har brugt Styrket Borgerkontakt-tilgangen som kommunikationsredskab. Muligvis var det alene en telefonsamtale, hvor du kun havde lidt videngrundlag, eller sagen var nem at løse.



	Helt uenig	Uenig	Usikker	Enig	Helt enig
1. Hvad synes du om dit bidrag?					
Jeg fik begyndt samtalen på en god måde	<input type="checkbox"/>				
Jeg havde en positiv indflydelse på samtalen	<input type="checkbox"/>				
Mit bidrag under samtalen var vigtigt	<input type="checkbox"/>				
2. Hvordan forløb kontakten?					
Jeg behandlede borgeren høfligt	<input type="checkbox"/>				
Jeg behandlede borgeren med respekt	<input type="checkbox"/>				
Jeg gav borgeren plads til at give sin mening tilkende	<input type="checkbox"/>				
3. Tilfredshed med resultatet (<i>hvis det er relevant</i>)					
Jeg er tilfreds med resultatet	<input type="checkbox"/>				
Sagens løsning var tilfredsstillende for mig	<input type="checkbox"/>				
Jeg er tilfreds med aftalerne, vi fik lavet	<input type="checkbox"/>				
4. Tilliden til resultatet (<i>hvis det er relevant</i>)					
Jeg stoler på, at vores aftaler vil blive overholdt	<input type="checkbox"/>				
Jeg er overbevidst om, at vores aftaler bliver respekteret	<input type="checkbox"/>				
Jeg vil tro, at de involverede parter vil overholde aftalerne	<input type="checkbox"/>				
5. Kontakten nu og i fremtiden					
Problemet med borgeren er løst	<input type="checkbox"/>				
Efter min mening er kontakten med borgeren forbedret	<input type="checkbox"/>				
Jeg forventer, at vi fra nu af vil omgås hinanden bedre	<input type="checkbox"/>				
6. Evaluering					
I denne sag ville en formel skriftlig behandling af sagen være en spildt mulighed	<input type="checkbox"/>				
I denne sag har brugen af Styrket Borgerkontakt-tilgangen vist sig at være positiv	<input type="checkbox"/>				

Annex 7 – Mini Case monitor

Mini Case monitor – used in collecting data in connection with ”everyday objections” at Bispebjerg and Frederiksberg Hospitals.

SAGS-LOG

Dato: _____



1. Afdeling/afsnit	<input type="text"/>
2. Stilling	<input type="checkbox"/> Sygeplejerske <input type="checkbox"/> Afdelingssygeplejerske <input type="checkbox"/> Ledende oversygeplejerske <input type="checkbox"/> Læge <input type="checkbox"/> Overlæge <input type="checkbox"/> Ledende overlæge <input type="checkbox"/> Sekretær Anden: <input type="text"/>
3. Anledning til samtale	<input type="checkbox"/> Hverdagsklage <input type="checkbox"/> Forud for en forventelig klage Emne for samtalen: <input type="text"/>
4. Involverede	<input type="checkbox"/> Patient <input type="checkbox"/> Pårørende <input type="checkbox"/> Andre: ▶▶ <input type="text"/>
5. Intervention	<input type="checkbox"/> Spontan samtale ▶▶ ca. tidsforbrug _____ minutter <input type="checkbox"/> Et møde ▶▶ ca. tidsforbrug _____ minutter <input type="checkbox"/> Andet (f.eks. telefon) ▶▶ ca. tidsforbrug _____ minutter
6. Resultat/løsning	Beskriv kort og konkret resultatet eller løsningen af interventionen: <input type="text"/>

7. Oplevelseslog	Helt enig	Enig	Usikker	Uenig	Helt uenig	Ikke relevant/ved ikke
1. Jeg håndterede samtalen på en god måde	<input type="checkbox"/>					
2. Jeg behandlede patienten/den pårørende med respekt	<input type="checkbox"/>					
3. Jeg er tilfreds med resultatet	<input type="checkbox"/>					
4. Jeg tror, problemet er løst	<input type="checkbox"/>					
5. Jeg tror, det nu vil gå bedre i forhold til patienten/den pårørende fremover	<input type="checkbox"/>					
6. I denne sag har brugen af Styrket Borgerkontakt vist sig at være positiv	<input type="checkbox"/>					
Evt. supplerende bemærkninger:	<input type="text"/>					

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Annex 8 - Report from the Unit of Patient-Perceived Quality

Personaleets oplevelser af projekt "Styrket Borgerkontakt"
August 2012

REGION

Enheden for Brugerundersøgelser

Personaleets oplevelser af projekt "Styrket Borgerkontakt"

Man ved, at de er lidt utilfredse, og når man så selv opsøger kontakten, og man så har den her måde at tale med dem på, så er det ikke helt så skræmmende. For de gange man har prøvet det, gik det faktisk meget godt. Så man bliver måske lidt mindre bange for at gå ind i en konflikt (...). Så personligt får man sådan lidt mere tillid til, at det klarer man nok. Det er jo meget tilfredsstillende.

Jeg synes, at initiativet er godt. Der er nogle gange, at man tænker, at 'Det kunne jeg måske ikke bruge så meget' eller 'Det er der ikke så meget nyt i,' men det her synes jeg er rigtig godt.

Og så har man ligesom fået lagt låg på den konflikt, at man lige tager de der par minutter til at spørge ind til. Jeg tror, at det handler om at folk føler, at de bliver hørt i deres desperation og ikke bare afvist. Men netop dette at de bliver imødekommet(...) Jeg tror, at vi får afværget, at det kommer til en større konflikt.

Background

From August 2011 to December 2011 about 40 doctors, nurses and secretaries at Frederiksberg Hospital and Bispebjerg Hospital were trained in handling oral complaints and everyday objections from patients and relatives with a more listening, conflict-resolving and preventive approach. A further approx-

imately 50 persons from Frederiksberg Hospital received a brief introduction to the methods.

The objective of the project entitled *Strengthened Citizen Contact* is to improve communication between the public system and citizens so that the number of everyday objections and complaints is reduced and citizens experience that they are met with respect and receptiveness and that the focus is on a fair solution.

Objective

The overall objective of this study is to illustrate what the personnel experience as the significance of *Strengthened Citizen Contact* for their communication and relations with patients and relatives. The following objectives are included in this:

- To uncover how the personnel utilise methods and tools from *Strengthened Citizen Contact* in their daily contact with patients and relatives, and in the cases where patients/relatives lodge an oral complaint with personnel.
- To uncover the effect the personnel experience *Strengthened Citizen Contact* has on their relationship with patients and relatives.
- To get input from the personnel about how to maintain the methods they have learned in their busy everyday working lives.

Methods and materials

The Unit of Patient-Perceived Quality (EfB) has conducted three focus group interviews with a total of 12 employees (doctors, nurses and secretaries) from the participating departments.

- One focus group interview with personnel from K2 at Bispebjerg Hospital, including representatives from the complaints taskforce, who attended a two-day course.
- One focus group interview with personnel from the Acute Clinic, the Urological department and the Rheumatological department at Frederiksberg Hospital, who attended a two-day course.
- One focus group interview with personnel from the Rheumatological department and the Acute Clinic at Frederiksberg Hospital, who received a brief introduction to *Strengthened Citizen Contact*.

The focus group interviews lasted for approximately 1.5 hours and took place at Bispebjerg Hospital and Frederiksberg Hospital, respectively.

Results⁵⁴

In general the personnel who were interviewed were positive about *Strengthened Citizen Contact* and experienced becoming better and more conscious of their communication with patients and relatives. They experienced being able to utilise *Strengthened Citizen Contact* to a greater or lesser degree in their daily work and having benefitted from working with *Strengthened Citizen Contact*. What they have got out of it and the extent to which experienced being able to use what they learned would seem to depend on the duration of the instruction/introduction, the organisation (who and how many in the department were instructed/introduced as well as the professional group). The personnel at K2 Bispebjerg Hospital are in general those who experience having got most out of working with *Strengthened Citizen Contact*.

Utilisation of Strengthened Citizen Contact

In what situations and with whom do the personnel utilise *Strengthened Citizen Contact*?

The interviewees emphasise that *Strengthened Citizen Contact* can be used in all types of relations and contacts with patients and relatives. This means, say the interviewees, that they employ elements from *Strengthened Citizen Contact* in connection with everyday objections, oral complaints and written complaints and in preventing complaints. Additionally they also say that in general *Strengthened Citizen Contact* can be used in conflict situations where the methods can help to avoid escalation of a conflict.

Strengthened Citizen Contact can be used with both patients and relatives. The type of inquiry where *Strengthened Citizen Contact* can be used and if it is with a patient or a relative depends, according to the interviewees, on one's profession, tasks and the department one works in. For example, the basis nurses at K2 Bispebjerg Hospital and at the Acute Clinic, Frederiksberg Hospital experience that they often employ *Strengthened Citizen Contact* with a patient to handle everyday objections and as a preventive tool. For instance, one interviewee says that during a discharge talk, a patient complained about the food in the hospital. Using the methods in *Strengthened Citizen Contact*, the nurse asked detailed questions about what it was about the food that the patient was dissatisfied with. The nurse experienced that she listened more and paid attention to the patient, making the person in question feel accommodated with. Where the basis nurses experience that they often employ *Strengthened Citizen Contact* in the prevention of complaints and in handling everyday objections among patients, the doctors and one of the senior head nurses who was inter-

⁵⁴ In this section no distinction will be made between whether the methods from Strengthened Citizen Contact were used in relation to a patient or a relative. Therefore only the term "patient" will be used and this term also includes relatives. If there is a point in whether it is either a patient *or* a relative, this will be made explicit.

viewed experience that it is often when handling oral and written complaints from relatives that *Strengthened Citizen Contact* is useful, for example in clarifying telephone conversations or when holding dialogue meetings.

As well as employing *Strengthened Citizen Contact* in situations where patients or relatives make objections or complain, the interviewees say that in general *Strengthened Citizen Contact* has created greater awareness of communication, relations and conflict management in relation to patients and relatives. In addition, one interviewee relates how working with *Strengthened Citizen Contact* has made her more aware of the importance of matching expectations with the patients when they arrive. In her experience this matching of expectations helps to prevent some conflicts.

The pocket card and the triangle are good tools

The interviewees are in general happy with the pocket card and the triangle that were handed out to them and which they call a "little recipe" and a "good tool." In the interviewees' experience, the pocket card and triangle provide a good framework for a talk and that the "steps" are useful and necessary, where one step presupposes the next.

One interviewee describes an episode that illustrates how she used the steps in the pocket card/triangle, one after the other. The interviewee used the first step on the pocket card/triangle when she phoned the relative who had complained and started by introducing herself and asking the relative if it suited him/her to speak with her now. Then she used the second step where she listened to the relative and asked detailed questions about what was important for him/her. She went on to ask what solution the relative wanted. They agreed on a solution, after which the interviewee summed up and thanked the relative.

According to the interviewees the pocket card is particularly useful at the beginning of a project period when the individual steps are not yet sufficiently incorporated in the memories and form of communication of the personnel. For this reason, it is only a few who still go around with the pocket card on a day-to-day basis at the end of the project period. This does not, however, mean that they do not use the steps. In particular the personnel at K2 Bispebjerg Hospital say that they can recall the steps and navigate around between them in their thoughts in their communication with patients and relatives. On the other hand, the personnel at Frederiksberg Hospital, who only received a brief introduction to *Strengthened Citizen Contact*, experience that the methods are not yet a natural part of their form of communication.

Most say, however, that the reason they do not go around with the pocket card in everyday life is that it is not practicable to take the pocket card up and orient themselves before meeting a patient as everyday objections are often made spontaneously. Therefore many also say that the pocket card and/or the

triangle are in the offices and the staff room. Before a telephone call or a dialogue meeting the interviewees look at the card to refresh the procedure. Thereby the triangle, for example, also functions as a way of preparing oneself for the talk.

Effect, benefit and challenges in connection with *Strengthened Citizen Contact*

That is what we also did before – and yet...

Spontaneously the interviewees do not think that the way they communicate is so different from what they did before they were introduced to *Strengthened Citizen Contact*. In their communication before, the personnel also tried to be accommodating by listening to the patients. For the trained personnel at Frederiksberg Hospital, working with *Strengthened Citizen Contact* has meant that they are more focused on the way they communicate with patients and relatives – that they think again in (potential) conflict situations.

The personnel at K2 Bispebjerg Hospital also say that they too listened and were accommodating before. But the work with *Strengthened Citizen Contact* has made them more conscious of tackling the dissatisfaction and resolving it, and that they no longer try to move directly to explanations, defence or solutions when talking with the patients.

The personnel at Frederiksberg Hospital, who were introduced to the method, say that they longer to the same extent experience a complaint as personal criticism and are emotionally affected by it. Instead they relate more rationally to the complaint and the complainant.

Listening and asking questions so the patient feels that he or she is heard and taken seriously

The interviewees emphasise that among other things they have become better at sitting down and listening to the patient, asking detailed questions about the patient's dissatisfaction and summing up as the conversation proceeds. This means that the personnel do not immediately try to explain themselves, jump to the defensive or produce solutions. By being curious about the nature of the patient's true frustration and being open to what the patient says, the interviewees find that they themselves learn something from the conversation and that the patient feels heard and taken seriously.

Putting oneself in the patient's place

According to the interviewees, working with *Strengthened Citizen Contact* has also meant that the personnel try to see things from the patient's point of view and to understand the patient's pattern of reaction. The reason a patient who is waiting and gets angry may be because he is in great pain or has to fetch children from day care but is still sitting in the waiting room, says an inter-

viewee. The interviewees experience that a certain amount of flexibility is required on the part of the personnel to be able to put themselves in the patient's place and tackle different reactions more openly. One interviewee tells how she made time for a patient who came to the outpatients' department without having an appointment. Another interviewee says that flexibility and understanding of the patient's situation can be expressed by 'allowing' a patient who is waiting in an acute clinic to go home and fetch children during the waiting time. Others say that they have become better at referring to OPUS to read the patient's medical record before meeting a patient who has complained in order to know about and achieve a better understanding of the patient and his/her case history.

Equality between personnel and patient

Another thing brought up by interviewees is that utilising *Strengthened Citizen Contact* in possible conflict situations also creates a more equal relationship between personnel and patient. By listening to patients and giving them space to explain their dissatisfaction, the personnel are also signalling that they are interested in helping. A secretary explains that previously there could be a tendency to expect patients to be grateful and humble and just wait their turn, because, after all, it is the patients who come to the hospital for help. Interviewees state that having a more listening approach to patients and saying thank you afterwards creates a greater degree of equality between personnel and patient.

Another effect derived from *Strengthened Citizen Contact* is, according to interviewees, that they have become more aware of first asking the patient what solution he or she would prefer. From this starting point, personnel and patient can find out which solution is possible. This also helps to establish a more equal relationship between the two parties.

Daring to face conflicts and dealing with the conflicts now

There is common assent among the interviewees that *Strengthened Citizen Contact* has given them more courage to handle conflictual situations and more confidence in their own ability to deal with them. Several interviewees say that they tended to avoid conflicts to a higher degree previously, but that now they themselves choose to confront a patient who is complaining or objecting. It has, however, been a challenge for the interviewees to have to learn to get to the bottom of complaints, face a difficult conversation and perhaps admit a mistake. Several mention that they still find it challenging as it is never pleasant to feel accused. In the opinion of one interviewee, though, it is really a matter of no longer feeling accused and getting annoyed about a possible mistake; that instead one gets curious about learning from the mistake.

The fact that interviewees have more confidence is their own ability to resolve a conflict also causes them to be more investigative and to want to resolve conflicts now. The patients' dissatisfaction is no longer allowed to pile up, as was often the case previously. In the experience of the interviewees, if they nip the conflict in the bud it seldom develops into something big.

Being conscious of one's own communication and working with oneself

The interviewees say that *Strengthened Citizen Contact* first and foremost has caused them to reflect on their own communication practice and thus created greater awareness regarding communication, relations and conflict management vis-à-vis patients and relatives.

The personnel at Frederiksberg Hospital, who received an introduction, in particular experience *Strengthened Citizen Contact* as an invitation to self-development where the personnel reflect on their own practice and try to acquire new forms of communication. These interviewees experience it as a challenge to have to change old habits and find that their communication still depends on how they themselves feel on the day.

The patients are more satisfied

In addition to the personnel having benefitted greatly from working with *Strengthened Citizen Contact*, it is also the interviewees' experience that patients achieve great benefit from the method. Among other things, the patients feel that they are heard and taken seriously to a higher degree. Several interviewees have experienced patients thanking the personnel for the talk and for the personnel's efforts to solve the patient's problem. One interviewee tells about a patient who, after having been sent around between different departments, ended with thanking the personnel for their efforts. The patient felt that he had been treated well despite a confusing experience

Pleasure and satisfaction on the job

The personnel who were interviewed experience satisfaction when they resolve a conflict. By having tools to handle a complaint, the interviewees say that they avoid the frustration and stress that is a part of having dissatisfied patients. Several of them say that they have had 'good experiences with bad situations', as they express it, and that the new communication and relationship with the patients produces greater job satisfaction.

Prevents greater conflicts from arising

The personnel from Frederiksberg Hospital who were interviewed are unsure about whether the total number of complaints and objections was reduced throughout the project period. But they can tell about several episodes where greater conflicts were averted by utilising *Strengthened Citizen Contact*. The inter-

viewees from K2 Bispebjerg Hospital say that many conflicts are nipped in the bud, resulting in fewer complaints than before

Time is the greatest challenge

Some challenges, dilemmas and barriers that the interviewees experience in connection with *Strengthened Citizen Contact* have already been mentioned, for example that it has been challenging to learn to deal with a difficult conversation and to admit mistakes.

Some interviewees state that they find it challenging to make the three steps on the pocket card/triangle a natural part of a talk and that the methods have not yet become a natural part of their form of communication.

Others experience that thanking a patient for a talk can be a challenge if they feel they 'have been maligned.' One of the interviewees suggests that instead one could say: 'It was good we had this talk', or 'It was nice we got that cleared up.' Some interviewees also say that it can be difficult to respect an aggressive patient in a subsequent talk if they have just seen the patient becoming very angry. The interviewees also mention that it can be hard to go on apologising if one is very busy and thinks that one has done everything one could.

The predominant challenge for the interviewees is, however, consumption of time and resources. In particular the personnel at K2 Bispebjerg Hospital state that participating in *Strengthened Citizen Contact* was time-consuming at the start of the project period. It took time to become familiar with the concept, to find out what it was about, to practise the methods, to conduct the conversations, to complete the registration forms etc.

The interviewees have different opinions of time consumption in connection with utilising *Strengthened Citizen Contact* in complaint situations. However, the interviewees think that it pays to use the listening approach at the tentative start of expressions of dissatisfaction so that they avoid having to use a correspondingly longer time on disentangling the conflict later on.

Several of them say that it may not be the physical time used on a talk that is time-consuming, but instead the consciousness of the dissatisfied patient that takes time and drains the energy of the personnel. Therefore several interviewees say that they have learned that it is better to resolve a conflict immediately, thus avoiding using resources on thinking about it during the working day.

All interviewees find that time is a limiting factor and a challenge in a project like this. A secretary and a nurse, who in the course of their daily work answer telephone inquiries from patients in the outpatients' department's telephone hours, say that often they do not have the time to conduct a long conversation on the phone. Instead they sometimes offer to call the patient back when tel-

ephone hours are over. This also gives the personnel an opportunity to look through the patient's records before they call.

Some interviewees tell about busyness and a very great pressure of work, where it has been a question of managing the tasks that had to be managed with respect to ensuring patients' survival. In periods like that, the personnel experience that they have no time to ask detailed questions of the patient etc., even though in the long term this might save them from a complaint.

Maintaining the new form of communication

The interviewees agree that maintaining what they have learned is challenging when the project period is over. The following contains interviewees' ideas about how to maintain what they have learned:

- It is necessary that the department should constantly discuss *Strengthened Citizen Contact* and the situations where *Strengthened Citizen Contact* is used. For example, in future one should tell one's colleagues how one has averted a complaint.
- The triangle and the pocket card should be visible in the department. They should not stand or lie on the tables, but a poster with the steps can be produced. It must be visible to make it possible to recollect *Strengthened Citizen Contact*.
- The interviewees at Frederiksberg Hospital suggest that the whole department including the doctors should be instructed in/introduced to the method to create a common language and fellowship about utilising the methods
- An annual project day should be held where *Strengthened Citizen Contact* is discussed and brushed up on.
- If an evaluation can show that *Strengthened Citizen Contact* has a significant effect in a great number of areas, this will motivate the personnel to continue.
- The personnel who have been to a course should commit to holding a presentation, start up a discussion, and remind colleagues about *Strengthened Citizen Contact* and the like in the day-to-day work at the department. One of the interviewees from Frederiksberg Hospital, who only received a brief introduction, said that she got nothing out of others from her department having attended a two-day course. This is why she finds that such knowledge-sharing is essential.

Dissemination to other departments, hospitals or regions

The interviewees highlight a number of matters that are important to consider for *Strengthened Citizen Contact* to be successfully disseminated to other departments, hospitals or regions:

- Backing from management is vital. Management must bring the project into focus and reserve time for the personnel to learn the method.
- When new personnel are introduced to a department and to the hospital, they must learn the methods in *Strengthened Citizen Contact* on an equal footing with Early Warning Score, for example. One interviewee suggests that the introduction to *Strengthened Citizen Contact* could for example take place by means of a film clip with a patient who is complaining, but only if there neither time nor resources for new personnel to attend a course in the method.
- The common guide to important talks with patients that Frederiksberg Hospital and Bispebjerg Hospital are to draw up can find inspiration in *Strengthened Citizen Contact's* method for structuring a conversation.
- The steering group behind *Strengthened Citizen Contact* should consider another way of registering the utilisation of the method. They experience that the registration forms do not capture all the situations where the methods are utilised. This is partly because they are not themselves always conscious of when they use the methods.
- There are several matters to do with the instruction/introduction that the interviewees find important:
- The interviewees are unanimous in agreeing that *Strengthened Citizen Contact* can really alter the communication practice in a department if the whole department is instructed, among other things so that the department obtains a common language about complaints and conflict management. This has been the experience of the personnel at K2 Bispebjerg Hospital, where doctors, nurses and secretaries were instructed in *Strengthened Citizen Contact*. An interviewee from Frederiksberg Hospital has also experienced that it is very important that as many personnel as possible know the methods in *Strengthened Citizen Contact*. At her department, a two-hour joint introduction for the whole department has meant that it now taking up episodes and discussing how they could have been approached differently is more accepted.

- As far as possible the instruction should take place at the same time for the whole department. Alternatively, the personnel can be taught in two batches with a short interval between them. It is important to mix different professional groups for these teaching sessions.
- The instruction must be of a certain duration as in the experience of the interviewees a brief introduction to *Strengthened Citizen Contact* of 15 minutes for example leads to the view that 'we already communicate like that.' This is a mistaken view according to the interviewees. Therefore they think that it is important to have time to systematically practise the methods and experience for oneself what happens when one is met with in different ways.
- The instruction and project management in the starting-up phase should be carried out by external personnel. This is because it is important that competent people with expertise in the field of communication teach, can guide and give feedback, but also because external personnel can motivate the personnel and accept the reservations and resistance that some personnel groups can have. This removes the responsibility for a successful start to the project from the shoulders of the department management, which one of the interviewees experienced as a great relief.

Annex 9 – Costs of complaints - baseline

Before the project, the four municipalities involved estimated the number of complaints and the time consumption for the departments' handling of complaints. At the same time they stated the average hourly pay in the department. Calculations of the costs of the complaints are based on these basic figures.

Costs relating to complaints	The Municipality of Favrskov		The Municipality of Furesø	
	Nature and Environment	Planning and Construction	Children and Young People	Referral and Assessment
Annual number of complaints	550	932	45	50
Average hourly pay per employee, in DKK	269	254	224	212
Average time consumption per complaint, in hours	14.8	11.1	37	3
Average price per complaint (Hourly pay x time) ⁵⁵	3,981	2,819	8,288	636
Annual expense of handling complaints ⁵⁶ (Number of complaints x average price)	2,189,550	2,627,308	372,960	31,500

⁵⁵ Add to this the price per indirectly affected personnel– (head of department etc.).

⁵⁶ Caseworker time