

Epidemiology

- 1-3:1000
- Higher in females, educated, wealthy, young, parents, urban
- Approx 1/3 related to staff that do not work in the ED
- Majority of dissatisfied patients do not complain
- ~50% substantiated

Classification of complaints

- Medical - real or perceived (~50:50)
 - Triage - esp parental overestimation of child's illness
 - Diagnosis - missed fractures, worse if GP was correct and ED was incorrect
 - Treatment - inadequate analgesia, need for Xray, antibiotics
- Interpersonal skills 32%
 - Identification - failure of doctors
 - Explanation of test, procedure, process
 - Insensitivity or roughness - real or perceived
 - Poor communication - language, use of jargon
 - Failure to explain triage system or reasons for waiting times (thank you for waiting)
- Delays - perceived more important than actual
- Environmental issues - comfortable WR, clean, private and temperature controlled, staff eating not seen by those waiting, meals for patients
- Administrative - incorrect documentation, lost records, lack of confidentiality
- Financial issues - esp private hospitals, incomplete or misleading medical certificates

Management of complaints

- Rectify source of complaint if possible, incl treat any outstanding/urgent medical issue
- Personnel - one senior person
- Acknowledgement - 24 hours for written complaint
- Investigation - staff and records
- Response - 3 days for written complaint, apologise for patient distress and dissatisfaction, without admitting liability
- Documentation and appropriate involvement of hospital admin, MDU
- Feedback to staff, QA, prevention

Prevention of complaints

- Supervise junior staff
- Review pathology and radiology
- Good communication - explanation of triage, management, follow up and supervision
- Provide clean environment and separate place for staff to relax / eat

Increased patient satisfaction

- Perception of staff care
- Perception of organization of the service
- Perception of the amount of info provided
- Provision of written follow up letter
- Improved patient compliance

Exam Complaint Questions

In any complaint question there are likely to be at least two parts to the question -

- Manage the critical incident that the complaint cites
- Manage the complaint

Motherhood statement/issues:

- Complaint
- Critical incident/Adverse outcome

Complaint:

- Immediate:
 - Apologise for patient dissatisfaction
 - Try to immediately address/rectify problem as appropriate
 - If unable, inform pt of hospital complaints process
 - Thank them for complaint as way to fix system problems
- Manager:
 - Identify best person to handle complaint process
 - Identify best forum for handling complaint
 - Private, quiet, unhurried
- Acknowledgement
 - Within 24 hrs
 - Phone / writing / face to face
 - Apologise for their dissatisfaction
 - Recognise seriousness of issue
 - Issue is being investigated
 - Will keep you informed of outcome of investigation
 - Who and how to contact re further info
- Investigate
 - Interview complainant
 - Involved Staff
 - Medical records
 - R/V pt journey
- Response / resolution
 - Try to answer within 72 hrs
 - Answer w/o judgement/emotion
 - Apologies:
 - Honest and sincere
 - Acceptable resolution in 25%
 - May include apology for
 - Communication / Misunderstanding
 - Pt/Family distress / dissatisfaction
 - Not formal admission of guilt/liability
 - Not acknowledgement of incompetence/negligence
 - Respond to specific critical incident/adverse outcome as below
- Consultoid: BPSLEDP

Critical Incident/Adverse Outcome:

- Immediate
 - Manage pt/problem
- Manager
 - Identify best person/forum for resolution of incident
- Acknowledge
 - Feed into systems for handling incident
 - IIMS
 - RCA
 - Inform stakeholders
 - Department heads
 - Hospital admin / legal dept
 - Staff involved
 - Medical defence
- Investigate
 - Involved staff
 - Medical records
 - Review patient journey
 - Identify where it deviated from ideal
 - Pre hospital
 - Triage
 - Wait
 - Medical and nursing review
 - Communication
 - Investigation
 - Synthesis of info
 - Systems / Protocols
 - Disposition
 - System may fail on multiple levels
 - Communication issues often predominate
- Response
 - Medicine
 - Equipment
 - Policy/protocols, Systems change
 - Education
 - Staff
- Consultoid: BPSLEDP