

Risk Watch

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HOW CAN WE MANAGE COMPLAINTS BETTER?

Why should we take complaints seriously?

Most health professionals will become involved in a patient or consumer complaint at some time during their career. It is easy to view a complaint as a personal attack on our integrity and ability, and to react in a hostile manner. However complaints are a valuable form of consumer feedback. They provide the opportunity for both hospitals and health professionals to learn from the situation and improve their service.

If a complaint is well managed right from the start, it will save all involved time and effort in the long run. Early and appropriate intervention can prevent a relatively small problem from escalating into legal action and negative publicity. It can also restore consumer/patient confidence in the clinician and the organisation.

Many complaints centre on communication. Perhaps we all need to follow the 'mother principle' – treating our patients as we would like our own mother to be treated. Take the time to listen to what the complainant is really saying. Be personal and specific in your replies. Form letters usually aggravate the situation. Find out what they want you to do about the problem, but be clear about what solutions you can offer. Don't create expectations you cannot meet. If you change processes as a result of the complaint, tell the complainant about these improvements. Tell everybody! Let others learn as well.

What does the Victorian Health Services Commissioner say about handling complaints?

In her latest report, Beth Wilson, the Victorian Health Services Commissioner, points out that complaint-handling systems in public hospitals differ markedly. She gives examples:

- Only 10% of regional hospitals had a designated specialist complaint liaison officer (compared with 78% of metropolitan hospitals).
- Many CLOs have inadequate management support and minimal training.
- The median length of time in a CLO position was under 2 years.
- Critical differences occur in CLO positions in training importance, priority, qualifications and involvement in hospital quality processes.

The Commissioner has started the **Best Practice in Complaint Handling Project**, funded by the Department of Human Services. Focus groups have been held for CEOs, Risk and Quality Managers, senior nurses, patient advocates, CLOs, and frontline complaint handlers. These groups assisted in formulating best practice guidelines for handling complaints. A mixture of rural, regional and metropolitan organisations will be involved in pilot projects to test the guidelines.

"Sometimes it is tempting to avert your gaze from a problem - particularly if it involves confronting deep seated issues within the organisation. To look away is almost always a mistake. The courageous route is to face up to it and resolve it despite the difficulties."

NHS CMO, Liam Donaldson, speaking on Clinical Risk Management



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Patient Safety is Our First Priority

Risk Watch values feedback. If you have any ideas, stories, lessons or comments, please send them to:

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WHO SHOULD READ RISK WATCH??

- Clinicians
- Chief Executives
- Clinicians
- Board members
- Clinicians
- Clinical Risk Managers
- Clinicians
- Risk Managers
- Clinicians
- Quality Managers
- Clinicians
- Clinical Managers
- Clinicians
- Hospital Librarians
- Clinicians
- Medical Practitioners Board
- Clinicians
- Medical Defence organisations
- Clinicians
- Students

And by the way, did we mention
..... Clinicians?

Your Risk Manager is:

LESSONS FROM THE SENTINEL EVENT CASEBOOKS

A patient was admitted for investigation and treatment of an acute condition. He was placed on the next day's theatre list. The admitting Intern did not document a medical plan of care due to uncertainty. The Nurses followed prompts on a hospital clinical pathway, designed for patients going to theatre for an elective surgical procedure. They contacted a Registrar who had gone home. The Registrar told them to contact the after-hours covering Intern. The Intern did not know the patient. The Nurses advised the Intern that according to the clinical pathway, this patient required an order for a medication. The Nurse in Charge was relatively junior. The patient was given the medication at the Intern's order. This medication was contra-indicated for the patient's condition, but this was not clearly indicated on the pathway. The patient soon after deteriorated rapidly. He was admitted to ICU and later underwent urgent surgery. Despite these efforts, the patient died later that same day.

This case illustrates a number of issues. All patients admitted acutely require a documented plan of care. A plan of care is an essential communication tool, as medical, nursing and allied health care will be based upon it. The treating team develops this plan. The Consultant or Registrar must check and approve any plan written by an Intern or junior Hospital Medical Officer. The absence of a plan led to an unquestioning dependence on a clinical care pathway that was inappropriate for this patient's condition and which unleashed a cascade of events that ultimately led to the patient's death.

Communication among all members of the multi-disciplinary team is a critical element in good care. While a written plan of care is essential, a verbal handover of the key facts and the plan of action should also occur. This allows staff to ask questions and to clarify any areas of confusion.

How did the health service address these issues?

- ❖ Held focus groups with VMOs and with surgical unit staff about improving communication.
 - ❖ Reviewed the HMO orientation program to emphasise the importance of communication.
 - ❖ Reviewed medical and nursing handover processes.
 - ❖ Developed a 'checklist' for ward rounds.
 - ❖ Revised the clinical care pathway so when medication is considered, the indications and contraindications are specified.
 - ❖ Are exploring the provision of 'in charge' guidelines for Nurses who manage a shift.
 - ❖ Reviewed current theatre timetabling and prioritising for surgical registrar and interns so that all unit responsibilities and required tasks are addressed 'in hours'.
- Implemented a formal medical handover process.