REPORTS, COMPLAINTS AND THE DOCTOR

Presenter: Harry McCay
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IMPACT OF COMPLAINTS

- National Complaints Culture Survey 2000: 44% of people will complain when they encounter a problem
- Dissatisfied customers tell 10 to 25 others about a bad experience
- Men will boycott a business for 10 years after an unsatisfactory experience
- It takes 12 positive incidents to make up for one negative incident
- It costs 6 times more to attract new customers than to retain current ones
- Losses from invoiced complaints estimated at $16 million for a private health insurer with 500,000 members
PROFESSIONAL AND REGULATORY REQUIREMENTS IN RELATION TO COMPLAINTS

> ANZCA Code of Conduct

> In dealing with adverse events, a response may include:
  – Sensitive, compassionate, open and constructive disclosure of the incident to the patient family
  – An expression of regret or apology
Good Medical Practice A Conduct of Conduct for Doctors in Australia section 3.11 – When a complaint is made, good medical practice involves:
– Acknowledging the patient’s right to complain.
– Providing information about the complaints system.
– Working with the patient to resolve the issue, locally where possible.
– Providing a prompt, open and constructive response, including an explanation and, if appropriate, an apology.
– Ensuring the complaint does not adversely affect the patient’s care. In some cases, it may be advisable to refer the patient to another doctor.
– Complying with relevant complaints law, policies and procedures.
WHY PATIENTS COMPLAIN

> An apology
> An explanation
> Account
> Prevention
> Immediate or additional treatment
> An admission of error
> Punishment
> Something to change
BENEFITS OF A GOOD COMPLAINTS HANDLING PROCESS

- Stress
- Patient loyalty
- Staff morale / stickability
- Avoid / reduce interaction with regulators
- Better outcomes from adverse events
CHARACTERISTICS OF A GOOD COMPLAINTS HANDLING SYSTEM

- Easily accessible to patients
- Seek compliments as well as complaints
- Immediate acknowledgement
- Honest statement on time frames
CHARACTERISTICS OF A GOOD COMPLAINTS HANDLING SYSTEM

> Response should refer to all relevant facts
> Where reasonable complaint process should involve input from independent, neutral entity
> Includes statement of regret / apology where required
> Addresses impacts on patient
> Addresses changes to systems
DO’s AND DON’T’s

Sample Response – wrong way

“You say you were insulted and would like an apology – for my opinion in confidential report – for stating the bleeding obvious.

Despite all the apologists, despite the spin doctors, the politically correct Taliban, and despite the fellow travellers and all other participants in the fat industry, obesity is, and remains, due to people consuming more calories than they burn up.

I am not going to make a vain attempt to assuage your selected outrage. Instead of proffering the usual plastic, insincere, and undeserved apology, so beloved of spineless bureaucrats on the political left, I would like to suggest that you take some responsibility for your condition. Instead of wallowing in denial and calling it a disability you could regard it as a challenge, and actually do something about it.”
DO’s AND DON’T’s

Sample Response – right way

“The x-ray report of 24th January 2007 was an objective, medically correct assessment of the radiologic findings. Comment on soft tissue structures is warranted when there is pathology that is relevant to the examination. The comment “gross obesity noted” was not made in a malicious or judgemental fashion. There was no pejorative intent. No apology for it is warranted.

Unfortunately, when I received her letter of complaint dated 3 February 2007, I was dumbfounded that she should have taken offence to an objective finding in a confidential report. I was extremely upset at her allegation of insensitivity and behaving unethically. My letter of 22 February 2007 was the regrettable result. It should not have been sent and I recognise that I should have consulted my defence organisation beforehand.

I apologise unreservedly for the content of that letter. I will in future show more moderation in reacting to complaints about medical services.”
In Queensland all complaints about a health service initially go to the Health Ombudsman (OHO).

**ACTIONS WHICH CAN BE TAKEN:**

- Close complaint with no action
- Refer to local resolution
- Investigate
- Refer to AHPRA or another entity (Coroner, Police, Medicare, MRQ)
- Refer to QCAT
If matter is referred to AHPRA

**ACTIONS WHICH CAN BE TAKEN INCLUDE:**

> No further action
> Caution
> Imposition of conditions on registration
> Referral to OHO for referral to QCAT
FORMAL COMPLAINTS PROCESSES

QCAT

CAN:
> Caution
> Reprimand
> Impose conditions on registration
> Suspend registration
> Cancel registration
CASE EXAMPLE

- Patient admitted for a laparoscopic procedure
- Difficult intubation
- Three attempts – each using slightly different approach or adjustment to pillows etc
- Different anaesthetist successfully intubated patient with use of Glidescope on fourth attempt
- Procedure successfully completed
- No problems in recovery (1.5 hours)
- On ward had respiratory arrest
Some oedema and swelling of pharynx – larynx perfectly normal

Anaesthetist in second procedure noted mild swelling around cords no easily identified mucosal defects and tears, again a grade 4 view – good Glidescope view of larynx

Complaint – almost 3 years later – difficulty swallowing, coughing when talking, laughing and raising voice loud.
CASE EXAMPLE

> Response to complaint
> What do you think should go in?
Important notices

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