Analysis of Complaints Lodged with the Office of the Health Services Commissioner (Victoria) involving Geriatric Units in Teaching Hospitals and Geriatricians

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Key Message

In geriatric medicine… family also complain about their own experiences.
Outline

• Office of the Health Services Commissioner
• Audit into complaints involving geriatric medicine
• Tip on avoiding complaints
Complaints
Complaints

Usual avenues for resolving complaints...

- Ward staff
- Unit / Service Managers
- Hospital Management
- **Office of the Health Services Commissioner (OHSC)**
- Australian Heath Practitioners Regulation Agency (AHPRA)
- Courts
Outline

• **Office of the Health Services Commissioner**
• Audit into complaints involving geriatric medicine
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Health Services Commissioner

- Health Services (Conciliation and Review) Act of 1987
- Health Records Act of 2001
Health Services Commissioner

- independent and impartial complaint mechanism for users of health services
- provide a means of reviewing and improving the health care system
- using information gained from complaints to improve the standards of health care
Outline

• Office of the Health Services Commissioner
• Audit into complaints involving geriatric medicine
• Tip on avoiding complaints
Aim

- To identify and review complaints lodged with the Victorian Office of the Health Services Commissioner (OHSC) involving Geriatric In-Patient Units of Teaching Hospitals or Geriatricians.
Methods

• Queried OHSC’s administrative database for complaints
  • filed during the financial year 2012-2013,
  • patient age (over 65 or unspecified),
  • against a list of geriatric medicine teaching hospitals, or
  • either specialty of the specific practitioner involved.
Methods

• Reviewed available documents to identify and clarify issues, triggers, contributing factors and themes.
Methods

- Cases tabulated as per Office’s Issue Categories
- Grounded theory – events and experiences of patients and complainants
1732 complaints lodged in 2012/13 financial year

Filter by patient age

- 264 pxs aged 65 and over
- 626 pxs age unspecified
Flowchart

Filter by Teaching Hospital (TH)

- 53 TH pxs aged 65 and over
- 83 TH pxs age unspecified

Filter by specialty (Geriatrician)

- 0 pxs aged 65 and over
- 1 px age unspecified
Electronic & Paper File Review

136 TH pxs

131 complaints – no GEM involvement

1 complaint naming a geriatrician

6 pxs aged 65 and over

8 pxs of unspecified age

1 px vs. geriatrician

2 pxs age unspecified

Putting your health first
Results

• Mean (SD) age of patients: 75.4 (7.9) yrs
• M:F = 7:9

• Deaths: 4
• Coroner: 2
Results

• 1\textsuperscript{st} contact to closure
  – Mean (SD): 48.5 (54.3) days
  – Median: 31.5 days

• All closed in assessment
  – 3 withdrawn
  – 6 ‘no further response’
  – 7 various reasons
Results

- Family members wrote 14 complaints.
  - Daughters: 7 (4 deaths)
  - Wives: 3
  - Sons: 3
  - Grandson: 1
  - (Patient: 2 – both male)
Primary Issue

- Treatment: 6 cases
- Access: 5 cases
- Rights: 4 cases
- Communication: 2 cases
Treatment Issues

- 6 cases
  - 4 patients harmed
    - Falls (2 pxs)
    - Wounds & pressure areas (2 pxs)
    - Medication side-effects (1 px)
  - 2 patients died (both suffered falls)
    - Coroner (1 px)
  - 1 px ‘wrong diagnosis’ – no injury described
  - 1 px did not recover & sent to nursing home (VCAT involved)
Patient as Complainant

• Patient’s Complaints:
  – Access to hospital (2 pxs)
    • Medication administration & wound care
  – Rudeness / Impolite comments
Family as Complainants

• Patient Experience:
  – Falls (2 pxs)
  – Wounds & pressure areas (2 pxs)
  – Medication side effects (1 px)
  – Poor pain treatment (1 px)
  – Poor recovery from stroke (1 px)
  – Death (2 pxs)
Family as Complainants

• Patient Experience:
  – Physical assault (1 px – withdrawn)
  – “Held” in hospital (2 pxs)
    • VCAT + OPA involved in 1 case
  – “Discharged” into nursing homes against their will (2 pxs)
    • VCAT + OPA involved in 1 case
Family as Complainants

• Patient Experience:
  – ‘wrong’ diagnosis of dementia (1 px)
  – Delays in physiotherapy related to public holidays (1 px)
  • Both pxs discharged back home
Family as Complainants

- **Daughters**
  - Safety reminders ignored leading to repeated falls & a fracture
  - Needed to provide personal care to parent because of inattentive ward staff
  - Not told parent was dying (x2)
  - Told by hospital staff that parent did not want her to visit
  - Hit by parent in agitated delirium
  - Requests to discharge parent back to NH ignored despite expense
  - Bullied by staff, threatened with early discharge of parent
  - Unkind words from staff while grieving at bedside of deceased parent.
Family as Complainants

• **Wife**
  – Efforts at managing husband’s new pressure areas & wounds on discharge, eventually needing to re-admit.

• **Sons**
  – Requests and opinions ignored by hospital staff vis-à-vis parent’s care (VCAT + OPA involved)
  – Hospital hiding staff member who made inappropriate remarks about people with dementia needing to be in residential care.
Results

• Ten cases described unsatisfactory interactions involving family members distinct from direct patient care, potentially contributing to the decision to complain.
Results

• Complainant receives request not to visit mother in hospital
• Complainant was not protected by staff member when patient hit her
• Family receive unkind words while grieving at bedside
• Complainant was not informed of patient’s deterioration (x2)
Results

- Complainant overheard comment from staff suggesting all elderly patients with dementia should be in residential care.
- Complainant needed to clean patient’s bottom.
- Complainant experienced lack of involvement in care and decision making.
Results

• Complainant informed staff about patient’s supervision needs – to no avail
• Complainant informed staff about patient’s ‘chanting & laughing at night’ and sensitivity to risperidone – to no avail
Results

Complainant experiences personal disappointment affronts, when...

- providers don't listen and do what I say
- providers don't understand
- providers do not try hard enough

- providers underestimate or question their ability to provide care
Conclusion

• Adverse events and clinical errors can generate complaints.

• Most complaints did not clearly involve adverse events or clinical errors.
Conclusion

• Scenarios were commonplace.

• Attention to the patient’s and their families’ experience is a potential avenue for improvement.
Limitations / Bias

• Possible non-geriatric wards in 6 cases, but inadequate detail to exclude from cohort.

• Qualitative study is interpretative and results are influenced by viewpoints of a single doctor / investigator.
Outline

• Office of the Health Services Commissioner
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• Tip on avoiding complaints
Tip

• In geriatric medicine… family also complain about their own experiences.

• Attention to the patient’s and their families’ experience is a potential avenue for improvement.
Tip

• Know your customers
• Keep both patient and their family happy

Thank you