

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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28 May 2014



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Key Message

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



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Outline

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



Complaints



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Complaints

Usual avenues for resolving complaints...

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



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Health Services Commissioner

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



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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



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- Office of the Health Services Commissioner
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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.



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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.

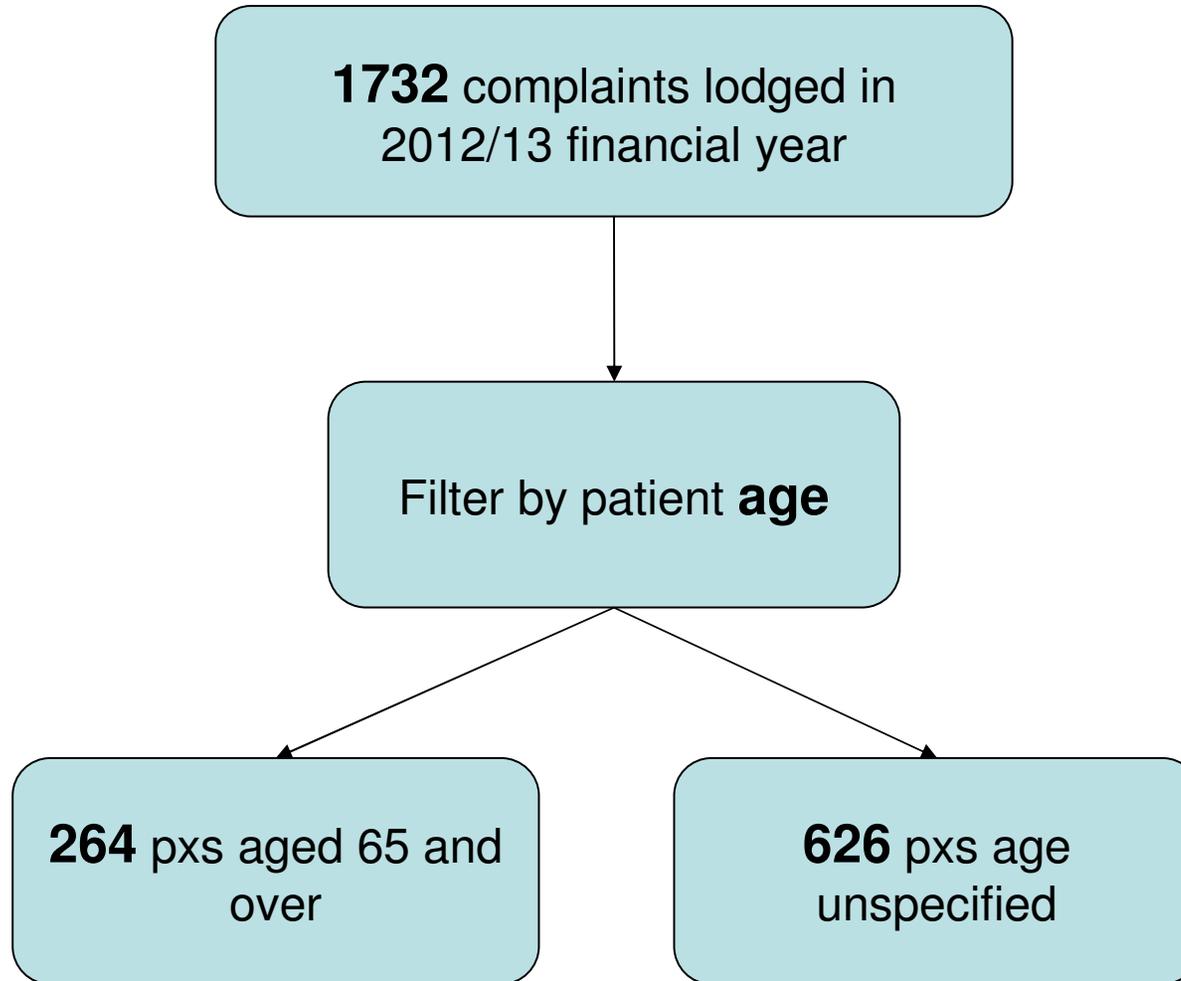


Methods

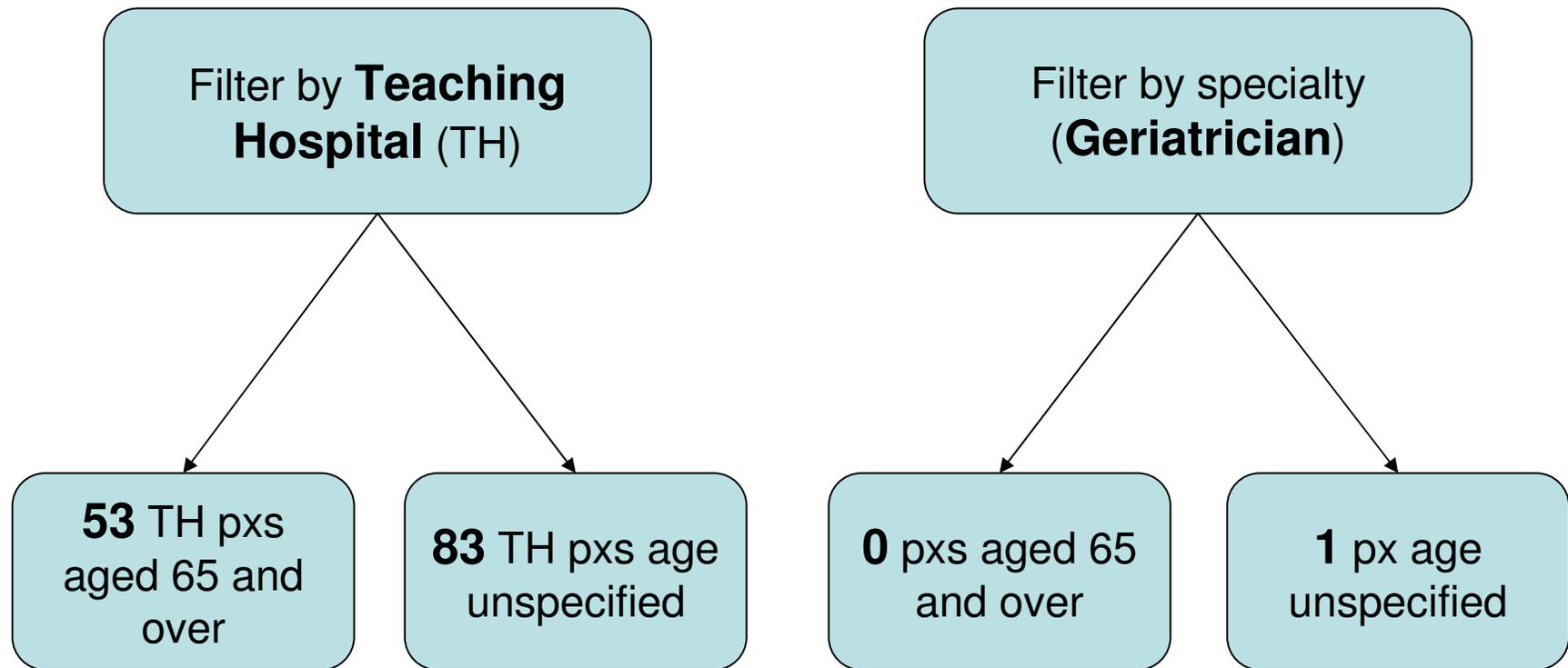
- Cases tabulated as per Office's Issue Categories
- Grounded theory – events and experiences of patients and complainants



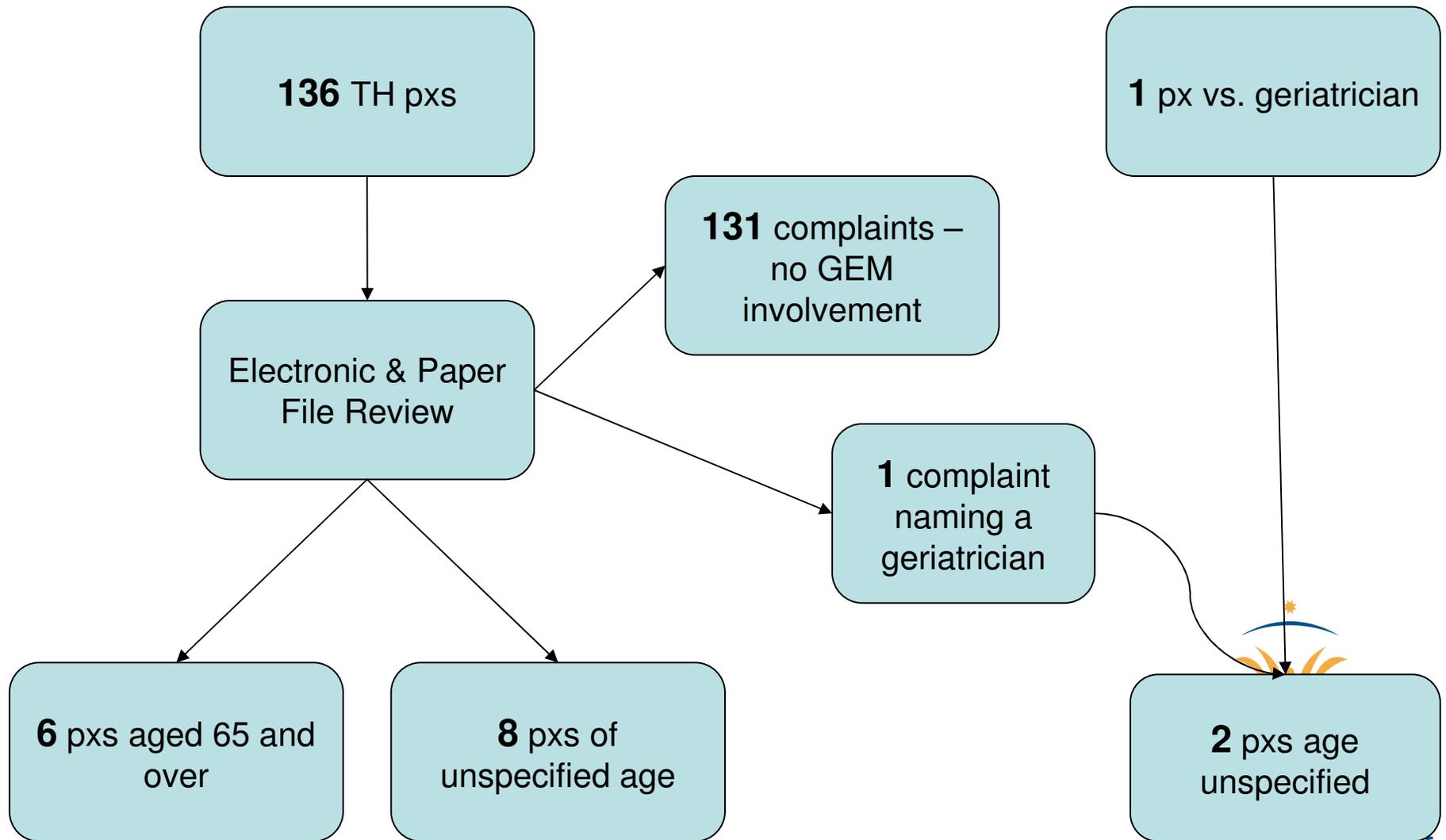
Flowchart



Flowchart



Flowchart



Results

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

- Deaths: 4
- Coroner: 2



Results

- 1st 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



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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.



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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