



RCSI

Patient Safety: the case of healthcare complaints

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RCSI DEVELOPING HEALTHCARE LEADERS WHO MAKE A DIFFERENCE WORLDWIDE



Learning outcomes

- Briefly, explore patient safety and quality in modern healthcare
- Describe the key terms of harm, preventable harm, adverse events, negligence, genuine error, system error, complaint and litigation
- Examine healthcare complaints from the patient perspective
- Determine the relevance of patient safety and healthcare complaints in the Middle East.



Patient safety and quality in modern healthcare



- care that is effective, efficient, equitable, timely, patient-centered, and safe
- Patient safety “indistinguishable from the delivery of quality health care.”
- However, - inherent risk in healthcare e.g. surgery 3 – 4% risk
- Skilled and caring professionals can – and do – make mistakes
i.e.. to err is human
- Distinguishing (all) harm versus preventable harm

A Paradox

PARADOX



Hepatitis

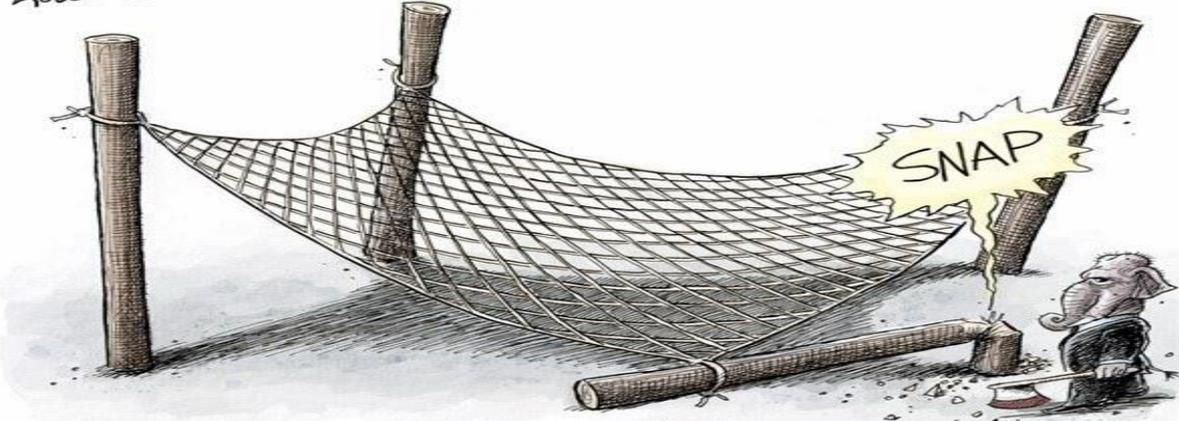
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ADAM THE BUTTERFLY
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The SAFETY NET...



Terms: clarification



- Adverse event
(genuine error)

(unforeseen) injury occurring through course of treatment

- Negligence

Foreseeable harm – act or omission = injury

NB: (only) 27% of adverse events are deemed to be negligent



A Complaint:



- An expression of dissatisfaction where a response or resolution is explicitly or implicitly expected
- A problem
- Gap between customer expectation and receipt of a product or service,
- Consumer research: exit and voice
- An opportunity to improve service and increase customer loyalty

Can healthcare complaints alert us to problems?

Existing (healthcare) research on complaints



- Typology of complaints and complainants
- ?Indicator of patient safety = NO
- However, - they provide a broader sense of 'harm' or patient neglect

Making complaints



- (a series of) traumatic event (s), illness, injury, death
- Perception of caregiver harm or neglect
- Cumulative failures
- (Repeated) failure to arrest problems by complainant

= Psychological trauma and distress

Severity more likely if;

-Human caused

-Repeated

-Unpredictable

-Multifaceted

-Perpetrated by a caregiver

-Sadistic ?

-Undergone in childhood

Example: 3921

Pre-amble: chronology, detail, time, place, events:

1. *I arrived at visiting time*
2. *and found my father*
3. *in a single patient room*
4. *wearing a thin t-shirt the window was open,*
5. *the room was very cold, no heating was on*
6. *and he had not been given the buzzer for contacting a nurse*



Relevance for the Middle East

No research currently available

However,

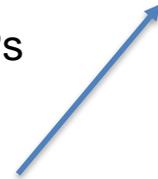
?Complaining less likely to be formal – more informal, third party, VIPs

?Complaints may be more likely to be about non-health/clinical care

?The difficulties in addressing complaints in a non-complaining culture and where 'problems' may not be openly addressed.

?Large expatriate workforce who are reliant upon income = ?

?litigious culture and blood money – problems for healthcare staff e.g. Dubai case (2019)



Summary

Complaints are not necessarily indicative of 'safety' *per se* but of broader 'quality' and patient experience.

Complaints need to be a central part of monitoring and quality assurance – seen as a genuine opportunity to improve 'customer' service

Middle East: ?implicit rather than explicit risks to patient safety i.e.

Accreditation = explicit

But 'softer' implicit aspects might be overlooked.



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