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
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

Barlow and Mellor 1996 Benwell and McCraddie 2017
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

McCreadie et al 2018, Reader et al 2014
Making complaints

- (a series of) traumatic events, 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

McCreaddie et al 2018
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.
References


McCreadie, M., Benwell, B., & Gritti, A. (2018) Traumatic journeys; understanding the rhetoric of patients’ complaints about healthcare. BMC Health Services Research. 18 – 551.
