



The Value of Reviewing Patient Complaints

Nebraska Coalition for Patient Safety
May 2024

Event

- A 40-year-old patient was admitted to the hospital post motor vehicle accident caused by a seizure he experienced.
- His medical history included having a ventriculoperitoneal (VP) shunt since infancy to treat hydrocephalus.
- Post admission, it was decided to perform a VP shunt revision with Neurosurgery and a Trauma locum.
- Post surgery, the patient developed an infection on his abdomen near the site of the VP shunt.
- The Neurosurgery providers recommended the Trauma provider consult infectious disease to treat the infection.
- During the hospital stay the family and bedside staff expressed concerns about communication between services regarding the plan of care for the patient.

Event (cont.)

- The family requested the Trauma lead provider discuss the patient's case with them after an Ethics Consult was entered by the bedside RN.
- The Trauma and Neurosurgery providers were able to discuss patient's case at length with the family; family members gained a better understanding of the plan of care and what to expect moving forward.
- The Ethics Committee deemed that this was not an ethics case but instead a communication breakdown which is a known risk secondary to multiple healthcare professionals being present on a patient's care team (i.e., Nursing, Admitting Attending, Consulting Providers, etc.) and the speed at which interventions are initiated in any acute nursing unit.^{1, 2, 3, 4, 5, 6}
- The Ethics Committee recommended that a thorough review of this case and its timeline be made so that opportunities for improvement and shared learnings could be identified.

Event Review

Known immediate or proximal causes:

- Communication breakdown between provider groups and inadequate rounds with family by Trauma providers.
- Human performance – Handoff communication

Categories of causal statements discovered in RCA:

- Human Factors/Communication
- Human Factors/Training
- Patient/Family Factors

Actions taken to avoid future errors:

- Communication process improved
- Education/training provided

Causal Statement:

The lack of standardization on expectations for locums (including handoff and rounding) resulted in inconsistent updates from the locums with the patient which increased the likelihood that the nursing staff and patient/family did not feel their concerns were being heard.

Event Follow-up Action Items

- ❑ Medical Staff office to share neurosurgery provider phone numbers with locum trauma providers. Trauma to share locums (surgeons and APPs) contact information with neurosurgery and IPA.
- ❑ Neurosurgeon communicated with surgical providers the importance of communication between providers on overnight care of post-surgical patients.
- ❑ Re-evaluate trauma locum onboarding process.
- ❑ The Format Communications Team will develop new procedure and once approved will present it to clinical managers.
- ❑ Listing of all on call providers will be available on-line for staff to reference within next few months.

Review of Patient Complaints

- Patient and family complaints are a valuable source of information regarding the quality of hospital care and gaps in the health care system.
- It is estimated that for every complaint received by an institution, 90 patient were unhappy about their care but remained silent.
- Family members were more likely than patients to complain and the largest nonpatient group to complain was children and children-in-law of the patients.
- Patient/caregiver perception of errors in diagnosis and medications may not represent true safety incidents. Likely to represent communication issues in which diagnosis and rationale for medication changes were inadequately communicated.

Taken from: A Taxonomic Review of Patient Complaints in Adult Hospital Medicine², 2021

Review of Patient Complaints

- A taxonomy to categorize patient complaints was developed to help determine areas for highest yield to improve patient satisfaction.

Table 1. The Patient Complaint Taxonomy Developed by Reader et al.²

Domain	Category	Subcategory
Clinical	Quality	Examinations Patient Journey Quality of Care Treatment
	Safety	Errors in Diagnosis Medication Errors Safety Incidents Skills and Conduct
Management	Institutional Issues	Bureaucracy Environment Finance and Billing Service Issues
	Timing and Access	Staffing and Resources Access and Admission Delays Discharge Referrals
Relationships	Communication	Communication Breakdown Incorrect Information Patient-Staff Dialogue
	Humaneness/Caring	Respect, Dignity, Caring Staff Attitudes
	Patient Rights	Abuse Confidentiality Consent Discrimination

²Adapted from *BMJ Qual Saf.* 2014; 23:678-689.

- Most complaint reports involved the Relationship domain (59%) and were in the Communication category.
- Within the Communication category, 98% were related to the subcategories of communication and humaneness/caring.

from A Taxonomic Review of Patient Complaints in Adult Hospital Medicine², 2021

Importance of Structured Communication

- During the course of a 4-day hospital stay, a patient may interact with 50 different employees including physicians, nurses, technicians, and others.¹
- More than one-fifth of patients hospitalized in the United States reported hospital system problems including staff providing conflicting information and not knowing which physician was in charge of their care.¹
- Breakdowns in communication among providers are a source of error that can result in adverse events.^{2,3,4}
- Open communication between medical teams and patients and families can broaden perspectives, provide new information, and reduce persistent emotional impacts and avoidance of doctors/facilities involved in the error or avoidance of medical care in general.⁴

Interprofessional Team Collaboration

- Evidence demonstrates that when interprofessional healthcare teams practice collaboratively it can enhance the delivery of person-centered care and lead to improved patient and health systems outcomes.⁵
- Six core-competencies of interprofessional team collaboration have been identified: Communication; Interprofessional conflict resolution; Shared decision-making; Reflection; Role clarification; Interprofessional values and ethics.⁵
- The following team behaviors are listed within the Communication competency⁵:
 - Develops processes for exchanging information in a specific and timely manner – within and across teams.
 - Explicitly considers which members need to be involved in giving and receiving which pieces of information.
 - Communicates using language that is common among roles and professions by avoiding jargon and acronyms, providing explanations and checking for understanding.

Strategies to Improve Communication

- **Improve handover communications** (i.e., critical information about the patient every time they are transferred from one care provider to another, from one level of care to another, or from one facility to another, including discharge home) with the use of a structured tools (e.g., SBAR, IPASS, Family Centered I-PASS, etc.).^{3, 4, 6}
 - Include patient/caregivers in the hand-off process.
 - Use structured and codified communication practices to help ensure consistent communication across providers.³
- **Discharge patients effectively** with the use of standardized communication tools which includes follow-up instructions about referrals, transfers, or ongoing self-care written in simple language. (e.g., 5 D's of discharge; Teach-back, Discharge Summary document).^{3,6}
 - Include patient/caregiver in the discharge process.

Strategies to Improve Communication

- **Accommodate language and literacy needs** by being aware of the needs of the population served; and training staff to respond appropriately to patients with literacy and language needs as well as how to recognize patients with low health literacy skills.⁶
 - Use multiple teaching methods (i.e., pictures, models, audio recordings, or video recordings).
- **Overcome cultural barriers** when communicating with patients.⁶
 - Respect patients' cultural preferences and eliminate barriers to health care access and delivery of services.

Strategies to Improve Communication

- **Meet age-related needs.**⁶
 - Children, adolescents, and elderly adults all have different levels of understanding of their health care needs and as such communication with each needs to be appropriately tailored.
- **Communicate accurate medical orders and test results.**⁶
 - Includes limiting verbal medication and test orders; and developing specific guideline for giving and receiving critical test results

References

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