

“The Good, the Bad and the Ugly”

**the impact of complaints on the physician-patient therapeutic relationship;
demonstrate how to avoid patient complaints; predict and practice managing
complaints when they are received**

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Conflict of Interest Declaration: Nothing to Disclose



Presenter: Michelle Allain & Cathy Covino

**Title of Presentation: Patient Relations:
The good, the bad, the ugly – dos and
don'ts for Physicians**

**We have no financial or personal relationship
related to this presentation to disclose.**



The Good- The 10 Principles of Effective Patient Relations

International scientific literature reveals that there are 10 principles (embodied within Regulation 188/15) to consider when designing an effective patient relations process:

- **Safe & Open:** Health care organizations must mitigate the power differential between complainants and the organization. Potential complainants must be reassured that their care will not suffer if they file a complaint.
- **Empowering:** From when they file the complaint to the resolution of the issue the complainant is informed, empowered, and involved in the process.
- **Flexible:** The complaints process and outcomes are flexible, responsive and adaptable to each complainants' needs. Complainants must be treated as unique individuals with distinct needs. The need for flexibility may also arise due to the complexity of the organization.
- **Continuously Improving:** The health care organization's governing body must be committed to monitoring and reviewing its patient relations processes to continuously improve the quality of the services it provides.
- **Accountable & Transparent:** The policies and procedures used in the Patient Relations process to review a complaint are clearly stated and are accessible and visible to both complainants and staff.



The Good- The 10 Principles of Effective Patient Relations

- **Supportive:** The organization's culture is one that supports both complainants and the subject of the complaint.
- **Confidential:** Complainants' personal information is protected from disclosure unless the complainant and the subject of the complaint give their consent to disclose it (except, as required by law).
- **Consistent:** Decision-points, resolutions, and redress should be consistent in the patient relations process.
- **Efficient:** The complaints system must respond to and address the needs, preferences, and anxieties of the complainant in a timely fashion.
- **Simple & Integrated:** The complaints system must be easy to understand, and places the onus on the system and its agents – rather than the complainant – to navigate the complaints process.



The Good- Quality Improvement

- Opportunity to reflect on practices from a patient's perspective
- Trust for the process/system/individuals
- Opportunity to share information
- Communication is a common root cause, further explanations of the details of the matter are required
- Opportunity to share with those involved the impact they have had on an individual or their family members



The Good

- Data to support systemic change
- Improved performance – individuals
- Improved processes
- Focused improvements that will make a difference
- Recovery efforts timely
- Ability to discuss concerns and deal with them and move forward



The Bad

- **Mistrust of the system/organization**
- **Sharing of their views in multiple ways ie: facebook, social gatherings, media**
- **Slander of individuals- workers, administration, Professionals**
- **Misinformation that they believe and share**
- **May damage Physician- Patient therapeutic relationship**



The Bad

- Can turn into a legal situation
- Can be difficult to manage without the appropriate resources- case conferences, inter- professionals
- Can spread to other patients
- Lead to spending more time than you would like to sort through concerns
- Difficult conversations with families to sort their issues as well as the new issues related to hospital stay



The Ugly

- Long legal battles
- Lack of trust in healthcare all together
- Having to make special arrangements that take time and may not be the best solution
- Having to request a colleague take over care to ensure a therapeutic relationship is maintained
- College of Physician and Surgeon complaint
- Cease and desist letters



Indicators

- the number of complaints that have been received by a hospital, long-term care home or Community Care Access Centre as a rate over 1000 patients/residents served within a fiscal year. The indicator calculates the number of complaints submitted within a fiscal year
- Percentage of complaints per category
- Percent of action taken by provider by complaint category
- Percent closed with 30 days
- # tied to litigation



Interventions

- Family meetings
- Frequent updates
- Communicate by phone
- Ensure common messaging from other professionals involved in the patient's care
- Listen
- Ethics consults



Communication

- Family meetings to ensure shared understanding of medical condition and options for care
- Involve patient and family in care planning
- Beside shift report
- Team rounding
- phone call, notes or whatever means you are comfortable with



Communication

- **Listen-** commonly we deal with concerns where the patient or family do not feel they were listened to. They have this one person at the centre of their concern, Physician and other healthcare providers have many. Take the time to listen to the concerns. This is an individual, sometimes the general approach is not the right one for this patient. Details matter to them.
- **Common messaging.** Notes in the progress side of the Doctor's orders. Discuss with Nurse. Manager or Utilization Coordinator the plan



Ethics Consults

- **Opportunity for all parties to:**
 - Be involved & voice perspectives/concerns
 - Review any ethical issues that may be contributing to the complaint(s)
 - Salvage therapeutic relationship
 - Establish a common foundation for care planning moving forward
- **Grounded in patient values**
- **Mediated by bioethicist → neutral 3rd party**





Apply your skills

- 10 min exercise
- Break into groups of 3, 1 observer, 1 patient and 1 Doctor
- Each will have information
- We will report back at the end how it went



How Can Health Care Organizations Meet These Requirements?

Organizations are encouraged to define the principles they will follow when seeking to remedy complaints. For example, the United Kingdom's Parliamentary and Health Service Ombudsman has defined six principles for remedying complaints:

1. Getting it right
2. Being customer focused
3. Being open and accountable
4. Acting fairly and proportionately
5. Putting things right
6. Seeking continuous improvement



Questions?

