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The Complaints of Patients and Their Relatives About Emergency Service

Hasta ve Yakınlarının Acil Servis Hakkındaki Şikâyetleri

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Abstract

Objective: We aimed to evaluate the complaints of patients and their relatives concerning emergency service staff in the present study.
Materials and Methods: The written application complaints reported to the Emergency Department of the Medical School in GaziantepUniversity between 1 November 2009 and 30 January 2011 were studied prospectively. In the present study, the gender and jobs of complainants, admission time and reason for admission to the emergency department, the complainants' dissatisfactions, the staff who were complained of, treatments, and the office where the complaints were applied to, the result of complaints, and the punishment that was approved were evaluated.
Results: Of the complainants, 47.6% were male (n=10), and 52.4% (n=11) were female. Housewives complained most (28.6%). Of the patients, 23.8% applied a second time to the emergency department in the same day. The patient group that complained most (23.8%) had stomach trouble. Insufficient care was the major (23.8%) cause of dissatisfaction. The complainants gave the name of staff in 47% of cases that they complained of in their complaint application. The majority of (62%) complaints were delivered to the complained department dependent on the chief of staff and the assistants were complained of most (47.6%). Two investigations were opened on all doctors, and a "warning punishment" was given to them for just r one complaint.
Conclusion: The emergency staffs are complained about by the patients and their relatives whose examinations and treatments were delayed due to the condition being considered simple. *(JAEM 2012; 11: 141-5)*
Key words: Simple sickness, complaint, emergency service staff, warning punishment

Özet

Amaç: Bu çalışmada hasta ve yakınlarının acil servis çalışanları hakkındaki şikâyetlerini değerlendirmeyi amaçladık.
Gereç ve Yöntemler: Ekim 2009 ve Ocak 2011 tarihleri arasında Gaziantep Üniversitesi Tıp Fakültesi, Acil Tıp Anabilim Dalı'na resmi olarak bildirilen şikâyet dilekçeleri prospektif olarak incelendi. Müştekilerin cinsi, meslekleri, acile başvuru zamanı ve başvurma nedenleri, memnuniyetsizlikleri, şikâyetçi olduğu kişiler, yapılan tedaviler, şikâyetin nereye yapıldığı, hastanın akıbeti, açılan soruşturmalar ve alınan cezalar değerlendirmeye alındı.
Bulgular: Müştekilerin %47.6'sı (n=10) erkek, %52.4'ü (n=11) kadın idi. En çok şikâyetçi olanlar (%28.6) ev hanımları idi. Hastaların %23.8'i aynı gün içinde ikinci kez acile başvurmuştu. En çok şikâyete neden olan hasta grubu karın ağrısı (%23.8) ile gelenler oluşturmuştur. Memnuniyetsizliklerin en önemli nedeni bakım yetersizliği (%23.8) idi. Müştekiler şikâyet dilekçelerinde %47.6 oranında şikâyetçi oldukları kişinin adını belirtmişlerdi. Şikâyet mercilerinin çoğunluğu (%62) başhekimlik makamına yapılmıştı ve en çok (%47.6) asistanlardan şikâyetçi olmuşlardı. İki soruşturma açılmış, sadece bir şikâyetten dolayı acil servis çalışanları "dikkat çekildi" cezasını almışlardır.
Sonuç: Acil servis çalışanları en çok "basit denilip muayenesi ve tedavileri geciktirilen hastalar ve yakınları" tarafından şikâyet edilmektedir.
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Anahtar kelimeler: Basit hastalık, şikâyet, acil servis çalışanları, uyarı cezası

Introduction

Presenting basic principle health care and following probable complaints due to insufficient care and taking necessary measures for them are patients' rights (1, 2). Today, patient complaints continue to be featured from time to time in newspaper forums and related stories by the media (3). Patient satisfaction is an important aspect of the quality of care. Patients normally make complaints when they are not happy with the care they receive. The dimensions of patient satisfaction include: art of care (caring attitude); technical quality of care; accessibility and convenience; finances (ability to pay for services); physical environment; availability; continuity of care; efficacy and outcome of care (4).

The study of the rate, nature and likely causes of patient complaints is an important step in increasing both patient satisfaction and the quality of healthcare. This subject is considered a priority

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and has been well studied in many modern health systems, including the USA, the UK and Australia (5-8). However, this issue has not yet been well documented in developing countries (9). Even within a given discipline, however, some physicians, such as obstetricians and surgeons, are sued more often than others (10). Risk of complaints seem not to be predicted by patient characteristics, illness complexity, or even the physician's technical skills (11, 12). Sometimes patient complaints may be related to the physician's area of specialty, volume of service, years in practice, sex, or other variables that might affect complaint generation, risk management–related activity, or any association among them (10,13). The aim of this study is to analyze all the complaints recorded over a 16-month period at the Emergency Department of Gaziantep University to determine the rate of complaints, their categories and the outcomes of complaint management. In this paper, complaint has been defined as any resort to the hospital Complaint department. Here, patient complaints only include complaints about quality of care, dissatisfaction, rather than complaints about symptoms or side effects of drugs, treatment or illness.

Materials and Methods

This study was conducted prospectively at the Emergency Department of the Medical School in Gaziantep University between 1 November 2009 and 30 January 2011 by observing the written complaints. Our hospital has 940-beds and three care units with 110 beds. Approximately 80.000 inpatients and outpatient are admitted to the Emergency department annually. This number does not include pediatric (<16 year-old) patients. The Emergency Department services has 20 medical doctors, 16 nurses and 25 non-medical staff. It is one of the major emergency centers in the south of the country that provides a wide range of diagnostic, medical and surgical services in all the main emergency disciplines. No is paid by patients or their relatives, all service costs are paid for by the social security institution. In the present study, the gender and jobs of complainants, admission time and reason for admission to the emergency department, their dissatisfactions, the staff who were complained of, treatments, the office where the complaints were applied to, the result of complaints, and the punishment that was approved were evaluated.

Process of handling complaints in the hospital

Since May 2004, the hospital has set up a Complaint Department as a part of a quality improvement system that is responsible for any complaints received from the patients, staff and visitors. The Complaint Department benefits from a full-time Complaint Responder who is selected from the experienced employees according to the following criteria:

- Being familiar with the work flow of different hospital units;
- Good public relations and desirable work relations with the majority of the staff;
- Being tolerant and a good listener.

If a patient or their family refers to the Complaint Department to complain about any undesirable conditions, the Complaint Responder will record a brief summary of the case in an initial form and will try to settle the conflict by any of the following methods: -in cases such as the referee's unawareness of the hospital routine work flow leading to dissatisfaction or discontent: giving some explanations about work flow and the legal aspects; -in such cases where limitations of hospital facilities would lead to dissatisfaction or protest (such as the insufficient capacity of the clinics, surgery and so on): giving explanations about these limitations; -in cases where staff behavior leads to dissatisfaction or discontent: abating the dissatisfaction of the patient by listening to their claims and convincing them that the hospital would plan and act to reduce such behaviors as much as possible.

If the complaint is not resolved at this stage, the Complaint Responder would give them a new structured form to write down their complaint. The completed forms are then sent to the Quality Improvement Department (QID) to be further investigated by its manager. At this stage, depending on the type and nature of the complaint, the QID manager will decide if the complaint should be further investigated by a medical or nursing team or should be reviewed by the relevant hospital committee and will act accordingly. In cases where the complaint does not have enough ground, it would be regarded as a 'disapproved claim'. In all cases, the result of the complaint review would be given to the complainant by the QID manager.

Results

Twenty-one writing complaint applications just related to the emergency department took place within 16 months. Of complainants, 47.6% 4 (n=10) were male and 52.4% (n=11) were female. Professionally, the majority of complainants were housewives (28.6%) following by civil servants, students, and self-employed persons (Table 1). Of applications, 47.6% took place at night and 52.4% at daytime. Of patients, 23.8% applied twice in a day to the same emergency department. The majority of applications to the emergency department were due to stomach problems (23.8%) following by gastroenteritis, widespread body pain, simple traffic accident, upper respiratory infection, having an injection, and hypertension (Table 1).

Insufficient care, lack of interest, not being taken into consideration by doctors, being examined by dirty hands, not having required laboratory analysis, not being informed sufficiently, not being given dolantin, being treated roughly, being diagnosed without an examination, not being given a report for rest, and absent of an appropriate bed for the patient in hospital were observed as causes of dissatisfactions (Table 1).

The complainants reported 47.6% of the staff's name and threatened 19% of them in their written applications. Of complainants, 81% complained about all of the staff working in the emergency department. The offices where the complaints applied to were the complaint department, dean's office, public prosecutor, complaint department dependents and office of the Prime Minister. The majority (62%) of complaints were sent to the complaint department (Table 1). Of complainants, 47.6% were written by patients thendelves, while 52.4% were written by their relatives. Of complainants, 23.8% required to be informed about the results of their complaints. Of the patients, two were sent to another center, two left the emergency department acording to their own wishes, three died, and twelve were discharged after their treatments finished. Assistance doctors were complained of most (71.4%), followed by junior staff (interns) (28.6%).

All of the complaints were inspected as a preliminary study by the QID and all complaints were seen acceptable to be investigated

Table 1. The complaints, dissatisfaction and accupation of complainants and the office where the complaints were applied to

	N	%
Reason for admission to emergency department		
Widespread body pain	2	9.5
To have injection	2	9.5
Gastroenteritis	3	14.2
Weakness	1	4.8
Hemorrhoid	1	4.8
Stomach	5	23.8
Finger amputation	1	4.8
Laboratory analysis delayed	1	4.8
Traffic accident	1	4.8
Urticaria	1	4.8
Upper Respiratory infection	2	9.5
Hypertension	1	4.8
Reasons for dissatisfaction		
Insufficient care	5	23.8
Doctor had not directed the complainants	1	4.7
Doctor examined the patient with dirty hands	1	4.7
The patient was not given dolantine	1	4.7
Disinterest Lack of interest	1	4.7
He/she was treated roughly	5	23.8
The patient was diagnosed without examination	2	9.5
No intervention and no laboratory analysis	1	4.7
The patient was not given report for rest (sick report)	1	4.7
Insufficient diagnosis	1	4.7
Appropriate bed was absent	1	4.7
The patient/relatives were not informed sufficiently	1	4.7
The complainant's job		
Housewife	6	28.6
Civil servant	4	19.0
Student	4	19.0
Self-employed person	7	33.3
The office where the complaints were applied to		
Complaint Department dependent chief of staff	14	66.7
Dean's office	1	4.7
Public prosecutor	4	19.0
Complaint department dependent to office of prime minister	2	9.5
The complained staff		
Assistance	10	47.6
Junior staff (intern)	4	19.0
Nurse	1	4.7
Assistants and junior staff	1	4.7
Nurse and junior staff	1	4.7
Assistants -junior staff-nurse	4	19.0

further by the relevant hospital committee. At the end the relevant hospital committee opened two investigations on all doctors, and gave them a **"warning punishment"** for just one complaint. The complainants were informed by the QID manager about the results of the complaints.

Discussion

A complaint is a condition or expression of dissatisfactions with institution staffs, procedures, fee, and quality care that has to be answered. Most commonly, patients who are not satisfied with the healthcare they received, do not express their complaints to the institution they reciece care from. Unsatisfied patients leave the institution quietly and unobtrusively, and go to another hospital for better care (14).

In this study, we investigated the proportion of admissions with written complaints, the type of complaints and the outcomes of the complaint process in the Emergency Department of Gaziantep University in a 16-month period. This is a priority that had not been well considered in Turkey Gaziantep University Hospital is a large center with a high rate of referral for both medical and surgical services. This makes it possible for many patients to be admitted. So, sometimes it may not be possible to hospitalize and satisfy all applications. In our emergency department, all patients are examined and the treatments are performed within a maximum of 10 minutes after application. This study found that about 0.02% of patients (inpatients or outpatients) admitted at Emergency Department of Gaziantep University who reported their dissatisfaction made a formal written complaint regarding the care they received, and the rate of formal written complaints was 0.02 per 1000. This is lower than the rate of dissatisfaction (0.56 per 1000), and not comparable with rates of formal complaints (1.7-2.1%), (0.26-2.7 per 1000) reported in other studies (5-9, 15-20). All of the patients were admitted due to simple complaints such as gastroenteritis, weakness, stomach. None of them have a life threatening disease. The major causes of dissatisfaction (23%) were insufficient care and tough behavior, followed by being diagnosed without examination (9.5%). Women are much more likely to follow their rights and correct the mistakes. That is why the majority of complainants are composed of women in our study. The patients who are discharged without treatment/insufficient treatment come back to the emergency department again in the same day with increased anger. This patient group tends to explain their dissatisfaction. Of the complaiants 47% reported te name of a staff member in their written application, and nearly a quarter required to be informed about the result of their complaints. This condition shows how the conscious patients or their relatives are. The majority of written complaints were about assistants, followed by junior staff and nurses.

One of the most important studies related to patient complaints in the literature was reported by Moghadam et al. (9). In that study, a total of 1642 (5.2 per 1000) complaints were received, of which 1457 were verbal, and 185 (0.56 per 1000) were in written format. Of written complaints, 34.5% were related to communication failures, followed by 25.4% related to ignoring the standards of clinical care, 9.2% related to inadequate attention to the patient and 8.6% related to a delay in delivery of general services. Putting all the verbal and written complaints together, issues related to admission/appointment procedures were the most common type of complaints

(34.7%), followed by failure in communication (34.1%) and long waiting time (13.8%). Of the 561 verbal and written complaints related to the communication failure, 38.8% were complaints about nurses, followed by 19.6% about physicians, 14.7% about nurse-assistants, 11.4% about secretaries and the remaining 15.3% about other non-medical staff. In the outcomes of the complaint management in that study, the majority (88.8%) of complaints, including all verbal complaints, were resolved by explanation, by verbal apology and by compensation. A small ratio (~5%) of the complaints was unavoidable, and was disapproved from claims.

Sari et al. (15) reviewed 1006 patients admitted in a general hospital and found that, for 1.7% of these patients, dissatisfaction from the care was reported to the hospital reporting system and for a further 0.4% of patients, dissatisfaction was recorded in the patient case notes (16). This shows that using different methods may result in a different rate of dissatisfaction. In study constructed in Iran, the authors did not review patient case notes and there was no general incident reporting system (9). They only reviewed the verbal and written complaints including dissatisfactions reported to the complaint management office. On the other hand, it is possible that some hospitals have not recorded their verbal complaints resolved by initial explanations at an early stage, and this might be the reason why some studies reported a lower rate of complaints (5, 17). In our hospital, in case of a complaint about any undesirable conditions or dissatisfaction, the complainants are given some explanations about hospital routine work flow and the legal position in such cases where limitations of hospital facilities would lead to dissatisfaction or protest and in cases where staff behavior leads to dissatisfaction or discontent. The Complaint Department tries abating the dissatisfaction of the patient by listening to their claims and convincing them that the hospital would plan and act to reduce such behaviors as much as possible. If the complaint is not resolved at this stage, the Complaint Responder would give them a new structured form to write down their complaint. Nevertheless, no case was resolved by having an explanation and apology. The verbal complains were not reported, all complaints were written. So we are not aware of the real number. Friele et al. (21) have reported why people report the complaints, and why this proportion of the complaints resolved with explanation or advice. They found that the majority of people make complaints mainly to prevent the incident from happening again, restore the complainants' sense of justice or remind the staff what had happened and the effect it had on the patients. They also suggest that for most complainants, having an explanation is more important than an apology. The fact that almost 90% of all verbal complaints were resolved through explanation is consistent with other study findings (7, 9, 19).

Vincent et al. (22) have found that the majority of obstetrics complaints resulting in litigation were associated with inexperienced junior staff providing the care without supervision by a senior specialist (23). A similar study shows that most of the complaints reported to the Medical Council Organization of Tehran were against middle-aged doctors (24). Lack of experience in young staff causes communication failure, which is consistent with the results of other studies (ranging from 26 to 50%) (5-9, 25-27). The majority of complaints were associated with assistant doctors (middle-aged doctors) in our study. This result shows a similarity to the mentioned studies.

Studies that have explored the rate and consequences of adverse events have also found communication failure as the main cause of such incidents (28). The findings that over 95% of complaints were resolved by explanation, apology or disapproved claims also suggest that improving staff communication skills may have a great impact on reducing such complaints (5, 19, 24, 27). Approximately one-sixth of the complaints were related to waiting time. In many healthcare systems, there are waiting lists, and normally the main reason for the waiting time is a lack of resources. Therefore, a proportion of these complaints may be the result of an unrealistic expectation by the patient, but because patients' overall satisfaction is partly determined by the perceived rather than actual waiting time, this is important to consider and to explain to the patients (8). Almost all of these complaints were resolved by an explanation of the restriction in hospital capacity.

The findings in the Moghadam et al. (9) study on the complaints that resulted in a change in policy, process or procedure (2.1%) are comparable with the results (1.7%) of the study carried out by Taylor et al. (7).

Conclusion

The most important actions include arranging special training courses focused on improving the communication skills; organizing appointments and common committees with the units having the same problems; providing continuous feedback to the units and departments regarding the complaints; provision and notification of work instructions; changes in some working methods which all increase the quality of care in institutions within an acceptable level. However, the presence of trained senior specialists 24 h a day 7 days a week, use of approved clinical protocols and guidelines, continuous training programmes for clinical staff; regular monitoring and reporting of the main processes quality indicators, internal audits and use of several checklists by clinical and non-clinical supervisors will decrease the written and verbal complaints.

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