

Medical
Protection



Dealing with complaints Complaints Management Workshop

Conference for General Practice
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Aims of the presentation

Understanding the principles of good complaints handling with particular focus on:

- Obligations under the Code of Rights
- Investigating
- Responding
- Resolving





Complaints are...

- Common
- Stressful
 - Discuss with peers
 - MAS/MPS counselling

Guiding principles of good complaint handling

- Getting it right
- Being customer focused
 - trying to put things right
- Being open and accountable
- Acting fairly and proportionately
- Seeking continuous improvement





Pitfalls of poor complaints handling

- More work and stress
- Damage to reputation
- Escalation to HDC, MCNZ
- Failure to learn...more complaints!



Reasons why complaints may be escalated

- Unnecessary delays
- Response incomplete/poor explanations
- Factual errors in response
- No acknowledgement of mistakes
- Inadequate apology
- Inadequate system changes



Obligations under the Code of Rights

- Right 10 – right for consumer to complain and duties providers have in assisting with complaints
- Providers must have a complaints procedure and follow this
- Providers must facilitate the fair, simple, speedy, and efficient resolution of complaints

- To have a complaints procedure where:
 - Acknowledgment within 5 days
 - Response within 10 days or consider how much more time required
 - If 20 days or more, then notify complainant why
 - Monthly updates
 - Information provided re your complaints procedures and given details of HDC/Health Advocates
 - Documentation of complaint and actions taken
 - Complainant given all information relevant to complaint

- The response must give:
 - Reasons for the decision
 - Proposed actions
 - Appeals procedure

How to deal with a complaint

- Log the complaint – register of complaint, track progress
- Confirm oral complaint in writing and check with consumer
- Is there a consent issue?
- Acknowledge within 5 working days
- Aim to resolve the complaint early to prevent escalation

Carry out a thorough investigation

- Risk assess the complaint so that any investigation is proportionate to risk
 - why the disparity between what happened/should have happened?
- Talk to or obtain statements from everyone involved
 - Staff should feel supported and involved
 - Coordinated response where multiple clinicians involved
 - DHBs - ensure you are made of aware of, and have input into, complaints about you
- Refer back to any relevant notes or policies.



- Draw conclusions which are, where possible, evidence based.
- Highlight any failures, clinical or administrative.
- Identify what action is being taken as a result.

Bear in mind the investigation needs to be proportionate to risk

Structure of the response

- Contact your indemnifier early
- Be mindful where the response could end up
 - Factual, objective content.
 - Avoid personal opinions and accusatory statements

Eg not “*The patient **was** aggressive and intimidating*”
but “***I found** the patient aggressive and intimidating.*”
- Identify the issues raised in the complaint
- Sympathetic opening paragraph



- Qualify yourself when responding to external authorities e.g. HDC or MCNZ
- Explain how matter has been investigated
- Summarise issues raised

- Clear account of the events
- Address issues raised in complaint
 - Grouping into themes
- Conclusions and changes in practice
- Offer to meet or address outstanding issues
- Details of the HDC/advocacy services



Case vignette for discussion

Patient saw GP registrar about:

1. Cyst on right foot
2. Mole on left big toe
3. Repeat prescription of oral contraceptive

1. Letter of complaint

1. This complaint is regarding negligent service
2. During my appointment, it was clear that the Doctor had not read any of the notes from the nurse.

When I noted my first issue (cyst on the right foot) he inspected it and said “just keep an eye on it”, even though I had indicated that it was painful and had been there for a month. I had also supplied the notes from the ED. I pushed for a referral for an ultrasound.

My second issue was a potential skin cancer on my left big toe. The doctor glanced at it and declared it was “probably OK”. I pushed for a more thorough examination [with] a magnifying glass/light.

I finally requested a refill of [my birth control]. I did not know the dosage but knew the name brand. I offered to check my dosage [at] home and call [with the] details but the Doctor declared that “most people are on 30”, and wrote the prescription accordingly. My dosage is in fact 20 ED.



Complaint received by the Business administrator who asked a senior GP (who was also the Practice's complaints officer) to see the patient for a 2nd opinion and to try and resolve the complaint.

During that 2nd consultation the patient disclosed for the first time:

- her concerns that she could have a possible melanoma on her left big toe,
- her stepfather was a dermatologist ,and
- her friend had been diagnosed with stage 4 melanoma at age 43.

Complaints officer then discussed the complaint with the registrar. He had seen two women in their 30's with foot lumps that day. The registrar mentioned that he had invited Dr A, another senior GP into the room for a 2nd opinion.

Nb it later turned out that this was incorrect and that the registrar had confused the two consultations.

2. Initial response by complaints officer

Thank you for your formal complaint bringing your concerns to our attention. I am sorry that you felt unhappy with [registrar's] attitude during your consultation with him.

I have reviewed the consultation notes, and discussed with both Dr [A] (who participated in the consultation as second opinion for [registrar]), and [registrar] himself regarding your concerns.

The notes documented at the time of the consultation were detailed with clear plans of actions for both problems raised. Both Dr [A] and [registrar] were surprised to realise that you had felt that [registrar] was uninterested in your issues, as this was certainly not how either of them felt at the time.



I suspect that the issue arose because [registrar] was not aware of the implications of each of the problems from your point of view, given the understandable concerns you have regarding possible melanoma.

I thank you for raising this issue because it gave us the opportunity to discuss your case as a learning issue in communication skills. Acknowledging, asking about and understanding people's fears regarding their presenting problems is a really important step in being able to reassure and manage the situation appropriately.

I hope that the subsequent consultation with myself was useful for you, and that any underlying concerns have been addressed to your satisfaction.

Please be reassured that we all take your health concerns seriously and look forward to being able to continue to work together for your healthcare.

Your thoughts about the response:

- Who should have written it?
- Thoughts about the content?

Who should have written the response?

- Best person to write the response is often the doctor who saw patient.
- The complaints officer had already seen the patient and found it awkward writing the response
- Complaints officer confuses information obtained during her consultation (worry about melanoma) with the registrar's consultation.

The content of the response

- Recall that complaint about clinical concerns (“negligent service” – hadn’t read nurse triage notes, cursory examination, only investigated further when pushed to do so, guessed Ava dose).
- A nice, apologetic response with a warm tone, focussed on communication issues but didn’t deal with the clinical concerns raised.
- Needed a detailed account of what registrar did during consultation to reassure patient that her concerns were taken seriously and to explain why the registrar prescribed the Ava 30 dose.
- Incorrect reference to Dr A also being present during consultation undermines credibility.

3. Patient's response

...Thank you for sending this through. I received the follow-up letter from [the complaints officer] over the weekend. As mentioned over the phone, it was clear to me from the letter that my concerns as documented in my complaint were either not understood or not taken seriously. The follow-up letter only addressed one of my concerns and dismissed it based on information shared during my appointment with [complaints officer] (i.e. melanoma). It is concerning that [complaints officer] felt that the only issue was that [registrar] may not have understood my "fear" about melanoma, and did not act appropriately. I would like to clarify the actual issues again:

1) I presented 2 medical concerns to [registrar] He was dismissive in both cases, stating "eh, just keep an eye on it" to one, and "it looks fine" after a cursory glance for the other. The issue is that he did not show interest in either case and offered no explanation of what may be happening from a medical standpoint. He also did not share why he was not concerned, leading me to believe he is lazy and disinterested. I only received care because I pushed him on both points, insisting on a referral for an ultrasound, as well as that he look more closely at the suspected skin cancer/lesion. I made this clear in my initial complaint.

2) [Registrar] wrote a prescription for the incorrect dosage of medication. I understand my prescription is 'only' birth control, but I offered more than once to confirm the dosage before the prescription was written, only to be dismissed once again with "most people are on 30 ed". Perhaps he considered the pharmacy would catch his error? I do not always return to the same pharmacy for my prescriptions, and I find it dangerous, and once again - lazy - to shift that responsibility to the pharmacist. I have no reason to believe he would not act similarly with any other prescription. This was not an honest mistake - it was a deliberate act despite my protests.



I don't know who Dr [A] is, or why he felt surprised at anything, because I have never met him. He certainly was not present at the time of my appointment, and do not understand how he could feel anything about how it went. Please advise if he was to have been in the room as well, or if it is documented that he was present.

Let me clear, again, in stating that the overall issue is not that [registrar] did not react to my "fear", it is that he didn't react at all to anything. He was completely disinterested in providing treatment.

I am very disappointed in my experience with [name of practice] thus far, and will reconsider my move to your practice. As mentioned over the phone, I am also considering moving my complaint to the next stage (i.e. HDC).



The Practice's complaints officer (a senior GP) then contacted MPS for assistance with the response

- Expressed her embarrassment about the hole she had dug by revealing that the registrar had muddled the patient in his mind with another case.
- Believed that the Ava dose issue was one of shared responsibility and that the patient had a responsibility to provide the doctor with information regarding their regular medication - "my attitude may need to be more conciliatory, as clearly she requires an apology about this, which I have not been prepared to offer at this point."
- **What do you feel about the complaints officer's approach to prescribing?**



- Wished to protect the Practice from further risk of complaint from the patient and expressed a preference to terminate the doctor/patient relationship

What do you feel about this?

MPS assisted the practice with a response tailored to the issues raised by the complainant – refer 4a (practice's response) and 4b (registrar's response) on handout .

It doesn't always end well...

Unfortunately a complaint was lodged with the HDC in the interim.

On receipt of the practice's response the complainant then replied...

"Thank you for your letter clarifying that Dr [A] was not mentioned in the clinical notes nor called as a second opinion...I am baffled as to how such a misunderstanding arose...I quite understandably will not be returning to [name of Practice], which I consider (at the very least), a disorganised practice."



Management of foot lump and toe lesion was appropriate.

Mildly critical that contraceptive was prescribed when the correct dose had been not been previously established.

Practice reminded of MCNZ statement on good prescribing practices and the need to review and prescribe appropriate medicines in appropriate dosages.

This MCNZ statement includes: The doctor signing the prescription takes responsibility for it and before signing a repeat prescription needs to be satisfied that secure procedures are in place to ensure that the patient is issued with the correct prescription.

In-house expert didn't believe it was reasonable to rely on a dispensing pharmacist to 'correct' the prescription.

Take home messages

1. Make sure the response is accurate
2. Ensure you identify and address all the issues
3. Aim to resolve the complaint early
 - sometimes you only get one shot at it.