

Patient Complaints and Malpractice Risk

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Med Mal Rsch Background

- 1-2%+ hosp. pts injured due to negligence
- ~2% of all pts injured by negligence sue
- ~5-7 x more pts sue w/o valid claims
- Non economic factors impact pt's decisions to file suite
- Some MDs/units attract more suits
- High risk today = high risk tomorrow

General Questions

- Can we identify high lawsuit frequency physicians with another variable besides lawsuits?
- If so, can we do something constructive with the data?

Perceived Concern for Pt.

- Dr. G was a disappointment...more interested in looking my daughter over than helping me.
- “I asked receptionist ‘how much longer?’ No explanation or apology...overheard MD in back tell nurse to tell us ‘they have to wait, and if they don’t like it,’ he said something like ‘bite me.’”
- “The doctor is an excellent physician as far as his medical skills go. His reputation passes the state borders, but his reputation for poor people skills and his lack of ‘bedside’ manner also surpasses the state line.”

PARS[©]

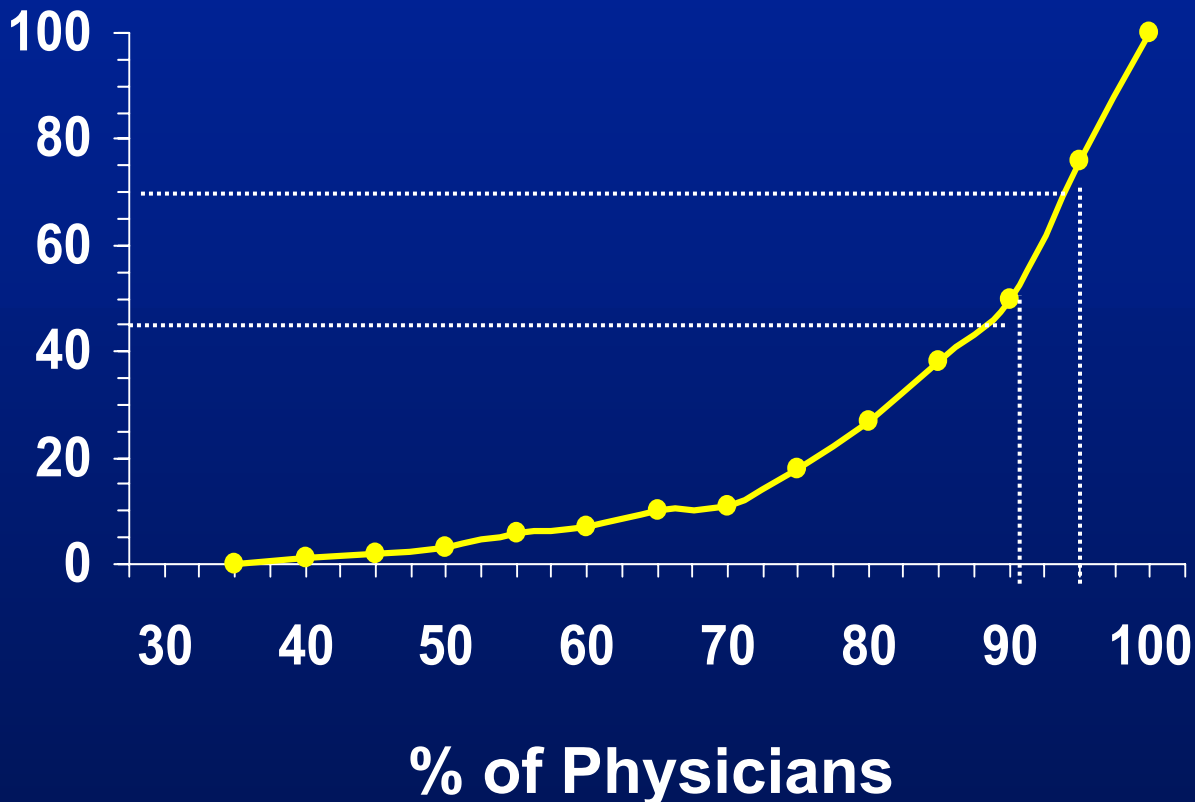
Coding Patient Complaints

- 6 major complaint categories:
Tx, communication, access, etc.
- 35 specific subcategories:
Rudeness, jousting, diagnosis, etc.
- Code locations and persons associated with complaints
- Good inter-rater and test-retest r's

Hickson, et al, *Law and Contemporary Problems*, 1997

9% of MDs Accounted for 50% of Complaints (6-year study period)

% of Complaints

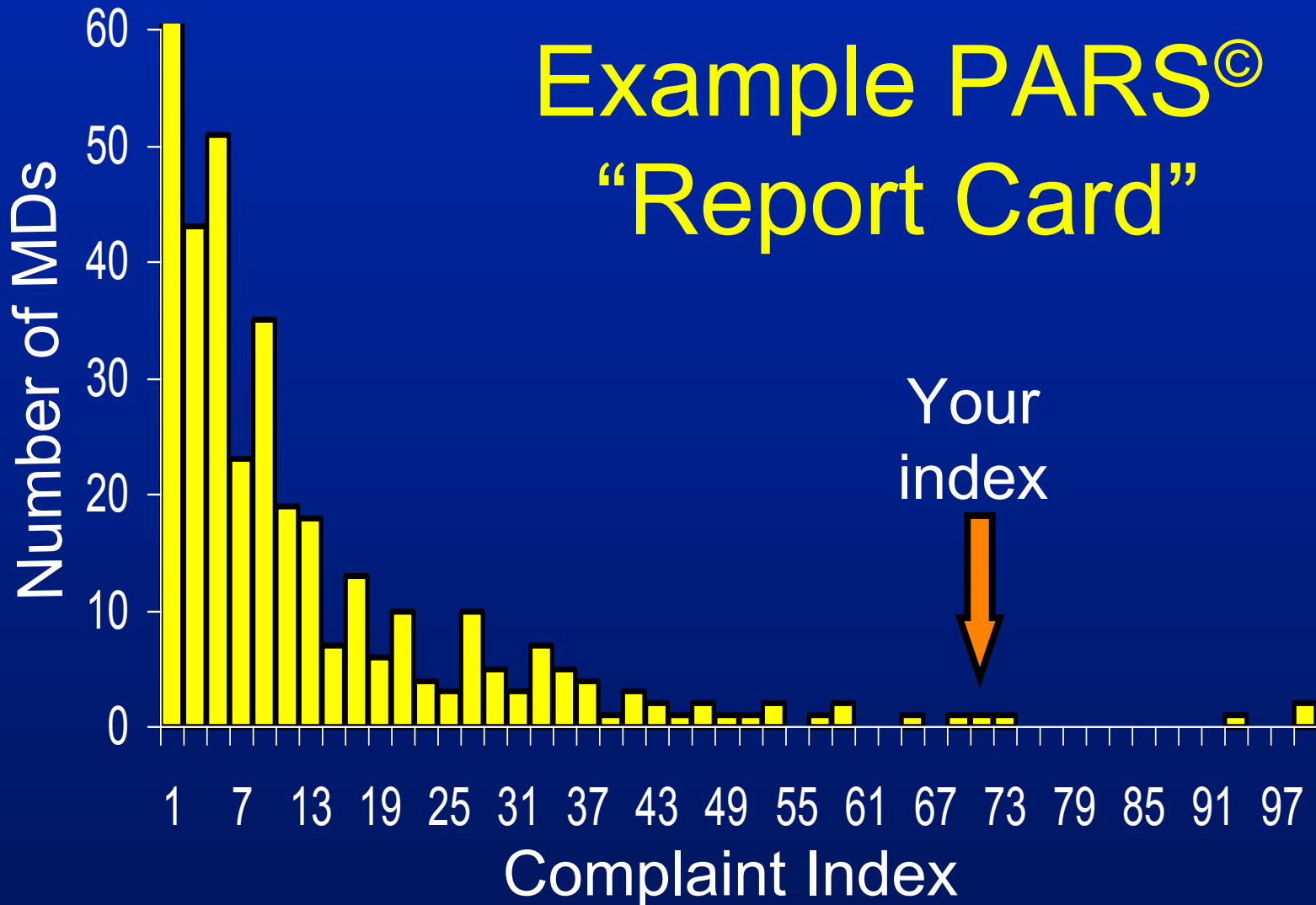


Incurring \$s By Risk Category

Pred Risk Category	# (%) MDs	Mean \$ Paid*	% of Tot. \$	Mean # Cmplts
1 (low)	318 (49)	1	4%	2
2	147 (23)	6	13%	6
3	76 (12)	4	4%	10
4	52 (8)	42	29%	16
5 (hi)	51 (8)	73	50%	42
Total	644 (100)	1	100%	

* In multiples of lowest risk group

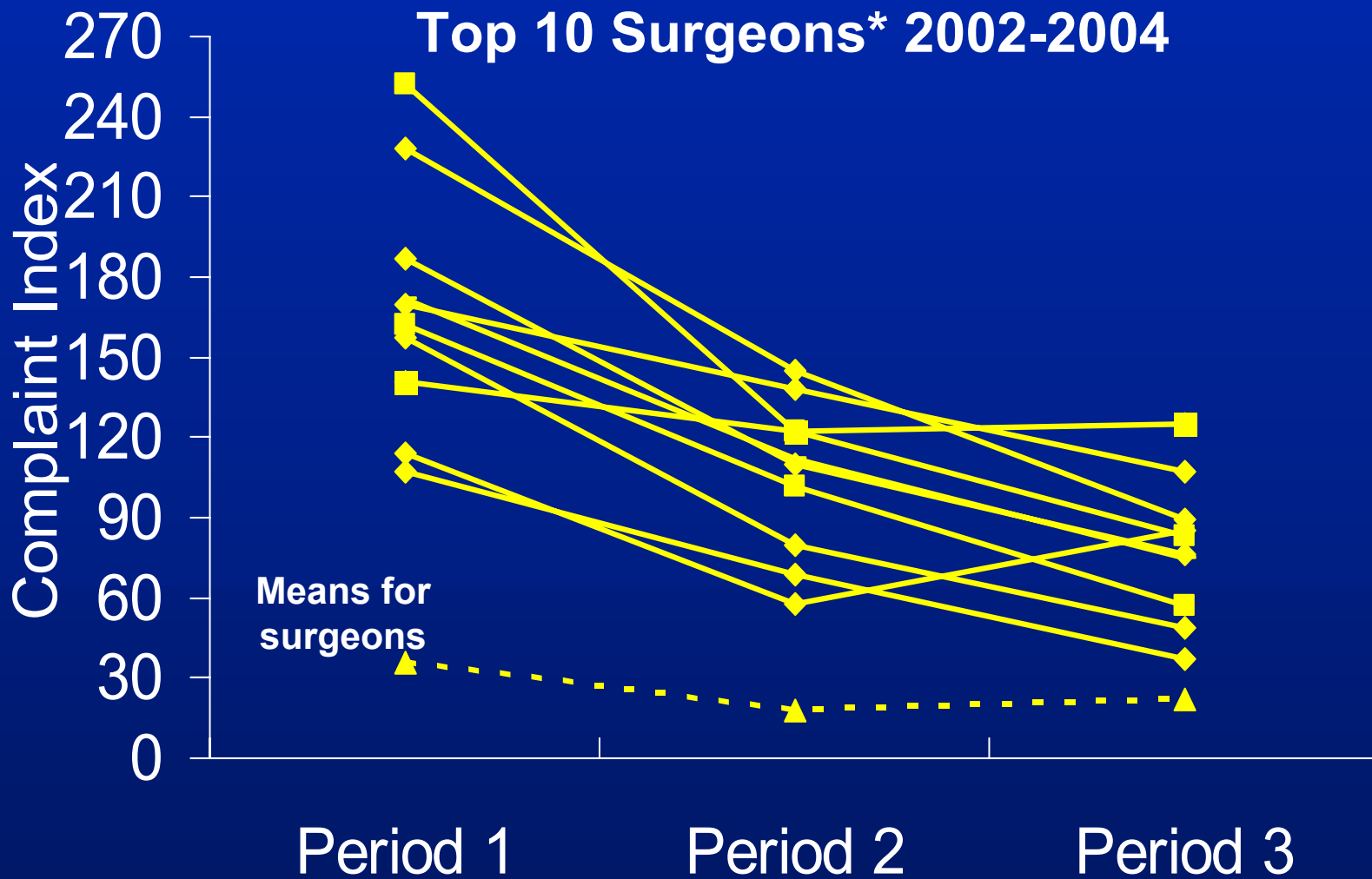
Example PARS[©] “Report Card”



Distribution is based upon the 4 year number of complaint reports recorded by the Office of Patient Affairs, weighted for recency and severity

Interim Observations

- ~Over 400 interventions completed
- No one killed (yet)
- 4 (<2%) responded with hostility
- Professional:
 - ✓ Asked PAO to shadow, give ideas
 - ✓ Went to Chief: Asked for resources
 - ✓ Reorganized the unit
- Phase II Interventions needed
- Follow-ups ongoing



*Complaint Index is a function of the number of reports filed with the Office of Patient Relations and the number of specific complaints embedded within those reports over the previous four year period. Recent reports count more heavily than those more than a year old. This document is confidential and privileged pursuant to the provisions of O.C.G.A. Sections 31-7-131,133.

Summary

- Pt complaints delivered one-at-a-time provide no comparative feedback
- Single complaints may be dismissed
- Unsolicited pt complaints offer rich info about a medical group or med center
- Complaints may be captured, stored, coded, aggregated, fed back to staff
- Process, tools can help promote change

Your Comments and Questions

Now or Later

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