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Transforming Patient Care at Saint-Vincent Hospital. A Bruyère Rapid Review

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Key message

One of the key ways hospitals learn how they are doing is learning from the patient and their families through complaints and from compliments. All feedback, including complaints, offer valuable information that can drive continuous improvement. We suggest:

- establishing an Office of Patient Experience (OPE) for patients, caregivers, staff and volunteers.
- And in addition appointing an Ombudsperson to deal with any complaints that could not be resolved by the Office of Patient Experience.

The proposed complaints system will not only constitute a means to measure the patient and family experience at Saint-Vincent Hospital (SVH), but will also help to address the areas of significant concern identified via the NHS review and the Bruyère Research Institute concept mapping sessions. It will identify complaint trends and patterns to accommodate the dynamic concerns of SVH's population at both individualised and systemic levels.

We propose that most complaints should be resolved within 48-72 hours at the level of the ward and Director of Nursing. If that does not work then either OPE gets involved and after 4 days the Ombudsperson is asked to get involved.

Executive Summary

We conducted a rapid review of the peer reviewed literature to explore hospitals' complaints systems looking at how the hospitals address complaints about care made by patients and families.

One of the key ways we learn how we are doing is learning from the patient and their families through complaints and from compliments. The latter is always easier to take but the former, if handled well allows us to drastically improve over time.

If standards of care were better and patients felt respected and comfortable communicating concerns to staff, while having their concerns dealt with in a timely fashion--many would not feel the need to issue an official complaint. Often the patient is vulnerable and in an unequal power relationship. It is incumbent on all caregivers to redress the balance and allow the patient to participate in his/her care.

Too often patients feel uncertain or confused when they feel they have a problem. Some never complain because they feel their complaint is unjustified or because they think staff is too busy to listen to them. Others may lack confidence, feel they will risk their quality of care, or find the complaints process hard to understand or too much inconvenience. It should not be difficult to complain, and patients and families should not bear responsibility for chasing progress once a complaint has been issued.

Hospitals like Bruyère Continuing Care need to change the way they deal with complaints. All feedback, including complaints, offer valuable information that can drive continuous improvement. We suggest:

- establishing an Office of Patient Experience (OPE) for patients, caregivers, staff and volunteers.
- And in addition appointing an Ombudsperson to deal with any complaints that could not be resolved by the Office of Patient Experience.

The proposed complaints system will not only constitute a means to measure the patient and family experience at Saint-Vincent Hospital (SVH), but will also help to address the areas of significant concern identified via the NHS review and the Bruyère Research Institute concept mapping sessions. As SVH evolves to deliver high-quality care to an increasingly acute patient population, the nature of patient's complaints and concerns will evolve in response. This complaints system will identify complaint trends and patterns to accommodate the dynamic concerns of SVH's population at both individualised and systemic levels.

We propose that most complaints should be resolved within 48-72 hours at the level of the ward and Director of Nursing. If that does not work then either OPE gets involved and after 4 days the Ombudsperson is asked to get involved. It is extremely important that the patient plays a role as things progress in the negotiations as to what a satisfactory outcome and process would look like. The Ombudsperson's role will be to informally resolve complaints via mediation, negotiation, and subtle diplomacy. They will conduct inquiries and structured investigation to determine if a complaint is founded or identify if complaints are following a trend. Based on the investigations, the Ombudsperson will make recommendations to correct unfair situations of both individualized and systemic nature.

Background: context

Saint Vincent Hospital (SVH), a 336 bed complex continuing care hospital and part of Bruyère Continuing Care, is undergoing a major care transformation and revitalization to improve its capacity to provide comprehensive, coordinated, and person-centered care for all patients admitted to the hospital. The project is an 18-month program entitled Transforming the Patient Experience that will propose innovative patient- and family-centered solutions to develop and implement models of care for our challenging and complex patient population. Bruyère's vision is to become the champion of continuing care in the Ottawa region, focusing on providing care for complex multi-morbid patients in hospitals and in the community through patient-centered, high-quality, evidence-based practice. The project draws on input from clinicians, staff, patients, and their families to support the implementation of new models of care. Throughout our transformation project, multiple key strategies have been implemented so we would be better prepared to address the needs of an increasingly complex patient population. Essential to our success will be Partnering with Patients and Families and Reaffirming Quality at Bruyère Continuing Care.

Methods—We used focus group concept mapping to deepen our understanding of care quality at SVH

To better understand the complex variety of factors that contribute to quality of care at SVH, we conducted concept mapping sessions with patient, family, and staff focus groups. During concept mapping sessions, we asked participants to identify issues they believed had a significant impact on SVH's clinical environment. These issues constitute person-centred indicators for measuring the quality of care at SVH. Using participant responses, we can develop an instrument to measure the patient and family experience SVH offers, which is a key component of the Transforming the Patient Experience project at SVH.

The concept mapping procedure consisted of the following steps:

- carrying out a literature search
- carrying out concept mapping exercises with patients, patients' families, leaders, nurses, allied health professionals, and medical staff; group sizes ranged from 3-12 people
- developing concept maps and weights for each of the concepts and themes developed by the groups; over 800 initial concepts were identified.

The concepts identified by focus group participants were then distilled into 12 overall themes chosen by the groups, with each of the concepts fitting under the following 12 themes:

- **Direction toward Sub-Acute Care:**
  - ◊ All focus groups felt SVH needs to clarify its role as a sub-acute care hospital; the transition requires excellent two-way communication at all organisational levels
- **Safety**
  - ◊ Patients and families were concerned about cleanliness and answering call bells; staff were concerned about wound care and preventing falls

- **Equipment and infrastructure**
  - ◊ Patients and families felt equipment should be regularly maintained and fixed before it is rendered unusable or unsafe
- **Funding**
  - ◊ All focus groups agreed funding should be allocated to each unit in proportion to the number and complexity of patients for whom it cares
- **Person-Centered Care (Quality, Taste of Food)**
  - ◊ All focus groups agreed that explaining rationale for their overall care including therapies, goals and care plans, to patients and keeping them informed is important; patients and families also wanted higher quality food options
- **Coordinated Care (Collaboration and Partnerships)**
  - ◊ Staff emphasised the need to establish inter-professional collaborative teams to better deal with patient complexity
- **Accountability (Respect (including cultural respect), Professionalism, GRASP, Reporting, and Cultural Safety)**
  - ◊ Almost all participants stated all patients and families should be provided with contacts upon admission; nurses wanted troubleshooting to be added to GRASP; staff emphasised the importance of reporting incidents and sharing data; patients felt that staff must speak in the language of the patient when caring for them. Everyone expressed their concerns over a common lack of respect culture.
- **Care at Transitions (Admission, Discharge, and Transfers)**
  - ◊ Almost all participants emphasised the need to standardise transition processes both internally and externally but in particular between floors.
- **Best practices**
  - ◊ Participants emphasised the need to adopt more acute-care pathways, conduct more debriefing with patients during rounds, and standardise and document all rounds procedures .
- **Culture of Learning (Building Capacity, Learning, Mentorship, and Education)**

All focus group prioritised providing accessible education and training opportunities to staff, patients, and families; families and nurses felt staff should be paid for the time they spend developing their skill sets.

- **Talent Management (Hiring and Managing Talent, Scheduling, Volunteers)**
  - ◊ All focus groups considered retaining talented staff important; patients felt volunteers should undergo performance assessments.
- **Organisational Support (Staff and Support of Caregivers)**
  - ◊ Nnurses stressed the need to develop a system for dealing with complaints and concerns.

Using these concepts and themes, we are deepening our understanding of the key factors shaping the patient and family experience at SVH. The concept mapping sessions yielded information that will guide us in creating an instrument to measure quality of care at the Saint-Vincent Hospital. We must also strive for continuous improvement–learning from the mistakes we make along the way. We must build a base that consistently improves through doing it better and innovating how we do it. One of the key ways we learn how we are doing is learning from the patient and their families through complaints and from compliments. The latter is always easier to take but the former, if handled well allows us to drastically improve over time.

We need to develop a system at SVH for hearing and addressing complaints

As SVH evolves to address the issues identified via the concept mapping sessions, staff will need a steady in-flow of feedback, both good and bad, from patients and families. A system for hearing and addressing complaints will not only constitute a means to measure the effectiveness of newly implemented measures, but also provide a constantly updating picture of areas for improvement. Patients expect and deserve not just kind, safe care, but an in-hospital experience that is respectful, compassionate, and responsive to their needs." Always remembering the individual person behind each patient!

Evidence review—What other institutions are doing to improve quality of care

We conducted a rapid review of the peer reviewed literature to explore hospitals' complaints systems looking at how the hospitals address complaints about care made by patients and families. We searched Med-line, Cochrane Library and Google Scholar up to and including 2014. We included grey literature and invited content experts to forward known hospital complaint systems.

We found a few relevant studies and websites used to support our recommendations. See Table 1.

Table 1: Relevant studies and websites to support our recommendations

Study title	Summary	Reference
SVH Patients and Families	The following recommendations were reviewed and supported by former patients, who are partners on our partnering with patients project recently awarded from CIHI	Personal communication
Ontario Ombudsman	The following recommendations will be discussed with the Ontario Office of the Ombudsman	https://www.ombudsman.on.ca/Home.aspx
The University of New South Wales	The University of New South Wales conducted a comprehensive systematic review covering the period of 1950-2009 searching several large databases including the Cochrane Library, Embase, Medline, and CINAHL. The criteria included searching for all studies and examining patient complaints and patient satisfaction specifically pertaining to quality of patient experience. They found over 500 studies and reported that there is little literature to date identifying research that truly examines the quality improvement measures implemented in response to patient complaints and satisfaction measures. Meaning: no one has really examined what kind of measures get implemented in response to patient satisfaction procedures. Results of such research would be very useful for the identification of the impact of patient experience and complaint data on continuous quality improvement strategies in their design and implementation. This is an area of potential research for future students and local researchers.	http://www.health.vic.gov.au/clinicalengagement/downloads/pasp/literature_review_patient_satisfaction_and_complaints.pdf
Using Patient Complaints to Promote Patient SafetyUsing Patient Complaints to Promote Patient Safety	Patients can help promote safety and reduce risk in several ways. One is to make known their concerns about their health care experiences because complaints might suggest unsafe systems and providers. Responsive health care organizations can benefit since patient complaints that are recorded, systematically analyzed, aggregated, and profiled by	

Study title	Summary	Reference
	ombudsmen can accurately identify physicians at increased risk of a lawsuit. In this paper, we describe how patient complaint profiles have supported non-punitive "awareness" feedback and, if needed, "authority" interventions designed to improve safety and reduce lawsuit risk. Experience since 1998 with several hundred such interventions at more than 20 community and academic medical centers shows fewer subsequent complaints associated with most of those receiving feedback. Strengths and limitations of the approach are discussed. Pichert et al concluded that patient concerns can be an important force for promoting improved quality and safety.	James W. Pichert, PhD, Gerald Hickson, MD, and Ilene Moore, MD, JD, FCLM.
NHS hospitals' Complaints Systems	In the recently conducted systematic review in current health literature, a 2013 review was conducted of the NHS hospitals' complaints system also looking at how the hospitals address complaints about care made by patients. It reported that one, of the most shocking failures in NHS care was documented on 6th February 2013 when Robert Francis QC published his Public Inquiry into Mid Staffordshire NHS Foundation Trust. He found "a story of appalling and unnecessary suffering of hundreds of people" and added: "They were failed by a system which ignored the warning signs and put corporate self-interest and cost control ahead of patients and their safety.	A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255615/NHS_complaints_accessible.pdf
Using Patient Complaints to Promote Patient SafetyUsing Patient Complaints to Promote Patient Safety	Patients can help promote safety and reduce risk in several ways. One is to make known their concerns about their health care experiences because complaints might suggest unsafe systems and providers. Responsive health care organizations can benefit since patient complaints that are recorded, systematically analyzed, aggregated, and profiled by ombudsmen can accurately identify physicians at	James W. Pichert, PhD, Gerald Hickson, MD, and Ilene Moore, MD, JD, FCLM.

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Study title	Summary	Reference
	those associated with the complaint, and undermines the public's trust in the service." The report contained a number of recommendations similar to those participating in the SVH concept mapping sessions.	
Patients' Understanding of Their Hospitalizations and Association With Satisfaction Complaints' Systems currently in place in Canadian health care facilities. British Columbia	Patient satisfaction can be better aligned with quality improvement efforts if patients' expectations and preferences for their care are elucidated early on in the care. Future studies should investigate if higher shared understanding may have impact on patient (and physician) behaviours in the hospital. The Patient Care Quality Review Board Act was established in BC in 2008, to provide a clear, consistent, timely and transparent approach to managing patient care quality complaints in British Columbia. This process provides patients with the opportunity to better resolve concerns and further improve the quality of the health care system.	Sosena Kebede,MD, MPH JAMA Internal Medicine Published online August 18, 2014 https://www.patientcarequalityreviewboard.ca/index.html http://www.vch.ca/your_stay/patient_care_quality_office/patient-care-quality-office
Mount Sinai Hospital (Toronto)	Mount Sinai Hospital has a long-standing commitment to excellence in patient care, teaching and research. Patients and their families are at the core of everything we do. In support of our focus on patient and family centred care (www.ipfcc.org), they have created the Office of Patient Expereince and Outcomes. http://www.mountsinai.on.ca/about_us/office-of-patient-experience	http://www.mountsinai.on.ca/about_us/office-of-patient-experience#sthash.2BSP18ZE.dpuf
The Ottawa Hospital	The Department of Patient Advocacy's was established at the Ottawa Hospital to support the creation of optimal patient and family experiences and by promoting the active management of patient inquiries, feedback and complaints.	The Ottawa Hospital https://www.ottawahospital.on.ca/wps/portal/Base/TheHospital/PatientsAndVisitors/PatientAdvocacy

Study title	Summary	Reference
York Teaching Hospital NHS Foundation Trust The York Hospital, UK	York Hospital in the UK established PALS (Patient Advice and Liaison Service) as the focal point for patients and relatives to share concerns and obtain information on a wide range of subjects.	http:// www.yorkhospitals.nhs.uk/ contact_us/ compli- ments_and_complaints/
Summary	Patient complaint data has been utilised in the continuous quality improvement process and has resulted in changes to policy and procedure. Complaints by health care providers are also an important source of information. Methodological issues associated with the evaluation and processing of complaints, the interpretation of complaint data and the process by which complaint data can best influence decisions about continuous quality improvement. The importance of classifying complaints, calculating the rate of complaints per clinical activity, the mean response time in affecting improvement has been explored and a system to standardise the coding of complaints should be developed in every hospital.	

In The National Health Service 2013 review of hospital complaints systems patients expressed concern about lack of information, lack of compassion, lack of dignity and care, poor staff, and insufficient resources. Table 2 presents the similarities between the results of the NHS review and the BRI concept mapping sessions. The column for the results of the BRI concept mapping sessions specifies the type(s) of focus groups that expressed each concern and the theme under which the concern falls.

Table 2: Similarities between the results of the NHS review and the BRI concept mapping sessions

NHS Review: primary issues identified by patients	BRI Concept Mapping: similar concerns expressed by participants during concept mapping sessions
Lack of Information -patients felt they were uninformed about their care	All: transparency with patients, families, and caregivers in regards to challenges and potential for improvement (Direction toward Sub-Acute Care) All: improving two-way communication at all organizational levels (Direction toward Sub-Acute Care) Families, leaders, nurses: explaining rationale to patients (Patient-Centred Care) Patients, families, leaders, physicians: providing patients and families with contacts upon admission (Accountability)
Lack of Compassion -patients felt they were not treated with the compassion they deserve	Patients: ensuring rooms are clean (Safety) Patients: answering call bells within 10-15 minutes (Safety) Families, leaders, nurses, physicians: asking patients what they need (Patient-Centred Care) Patients, families: continuing to address the needs of demanding and high-maintenance patients (Care at Transitions) Patients, families: providing caregivers with access to support groups (Organizational Support)
Lack of Dignity and Care -patients felt neglected and ignored	Patients: ensuring rooms are clean (Safety) Families: washing hands regularly (Safety) Patients: providing desirable food options to patients (Patient-Centred Care) Patients: involving patients in calendar planning (Patient-Centred Care)

NHS Review: primary issues identified by patients	BRI Concept Mapping: similar concerns expressed by participants during concept mapping sessions
Poor Staff Attitudes -patients felt no one was in charge on the wards and staff were too busy to care for them	Patients, families: eliminating "not my patient" mentalities (Coordinated Care) All: giving and receiving respect (Accountability) Patients, families, nurses, allied health: ensuring staff are held accountable for their responsibilities and decisions (Accountability) Families: ensuring staff follow dress code policies (Hiring and Management)
Insufficient Resources -patients stated there was a lack of basic supplies	Physicians: devoting more resources to equipment (Equipment and Infrastructure) Patients: fixing equipment regularly to prevent breakdown rather than waiting until the equipment is dysfunctional (Equipment and Infrastructure) All: allocating funding to each unit in proportion to the volume and complexity of patients for whom it cares (Funding) Physicians: devoting more funding to improving clinical environments (Funding)

Many of the concerns expressed by Bruyere's concept mapping participants are linked directly to the primary issues patients identified during the NHS review. While the concept mapping sessions identified numerous clinical and organisational issues that are not mentioned in this table, the patient and family participants were most often concerned with issues related to the information they were provided, the compassionate care and respect received, the quality of their clinical environments, the attitudes staff adopted toward patients and families, and the clinical and social resources devoted to patients.

Equally importantly patients and their families needed to have a voice and to be able to make known their concerns and complaints. They need clear and simple information about how to express their complaints about issues like these. They may need someone accessible to help them through the process of providing a complaint, and they need their complaints handled as quickly as possible. Furthermore, they should not feel that their complaints will incite hostility and jeopardize their quality of care. Most importantly, patients' complaints should help improve hospital conditions.

Suggestions for continuous improvement

The following suggestions/recommendations focus on improving the quality of care and improving the way complaints are handled. This latter item includes establishing an office of patient experience and ensuring complaints procedures maintain independence.

The NHS review received 2,500 responses, the majority describing problems with the quality of treatment or care in hospitals. The review panel also heard from people who had not complained because the process was too confusing or who feared jeopardizing their future quality of care. Similar suggestions have recently been made at BCC and similar recommendations could be adopted.

Improving the quality of care

If standards of care were better and patients felt respected and comfortable communicating concerns to staff, while having their concerns dealt with in a timely fashion--many would not feel the need to issue an official complaint. Often the patient is vulnerable and in an unequal power relationship. It is incumbent on all caregivers to redress the balance and allow the patient to participate in his/her care.

Suggestions

1. Adequately train, support, and supervise all BCC staff to provide the best possible person-centred care, consistently displaying forms of empathy and respect towards patients, families and their own colleagues. And to better problem solve when faced with complex situations.
2. Conduct annual appraisals focusing on staff communication skills and how staff deal with patients. Communication skills should be a core component of all clinical training programs.
3. Ensure the ward provides enough basic information to patients, such as meal times, visiting hours, and descriptions of staff roles and responsibilities.
4. Provide patients with a way to express concerns at the ward. This includes simple measures, such as placing pen and paper at patients' bedside and ensuring patients know whom to speak to if they have a concern.
5. Encourage and empower volunteers to support patients. Volunteers can help patients express concerns or complaints. This is particularly important for patients who are vulnerable or alone, for under these circumstances they may find it difficult to express a concern independently. Ensure volunteers are appropriately trained to help patients this way.

Improving the way complaints are handled.

Too often patients feel uncertain or confused when they feel they have a problem. Some never complain because they feel their complaint is unjustified or because they think staff is too busy to listen to them. Others may lack confidence, feel they will risk their quality of care, or find the complaints process hard to understand or too much inconvenience. It should not be difficult to complain, and patients and families should not bear responsibility for chasing progress once a complaint has been issued.

Hospitals like BCC need to change the way they deal with complaints. All feedback, including complaints, offer valuable information that can drive continuous improvement.

Suggestions

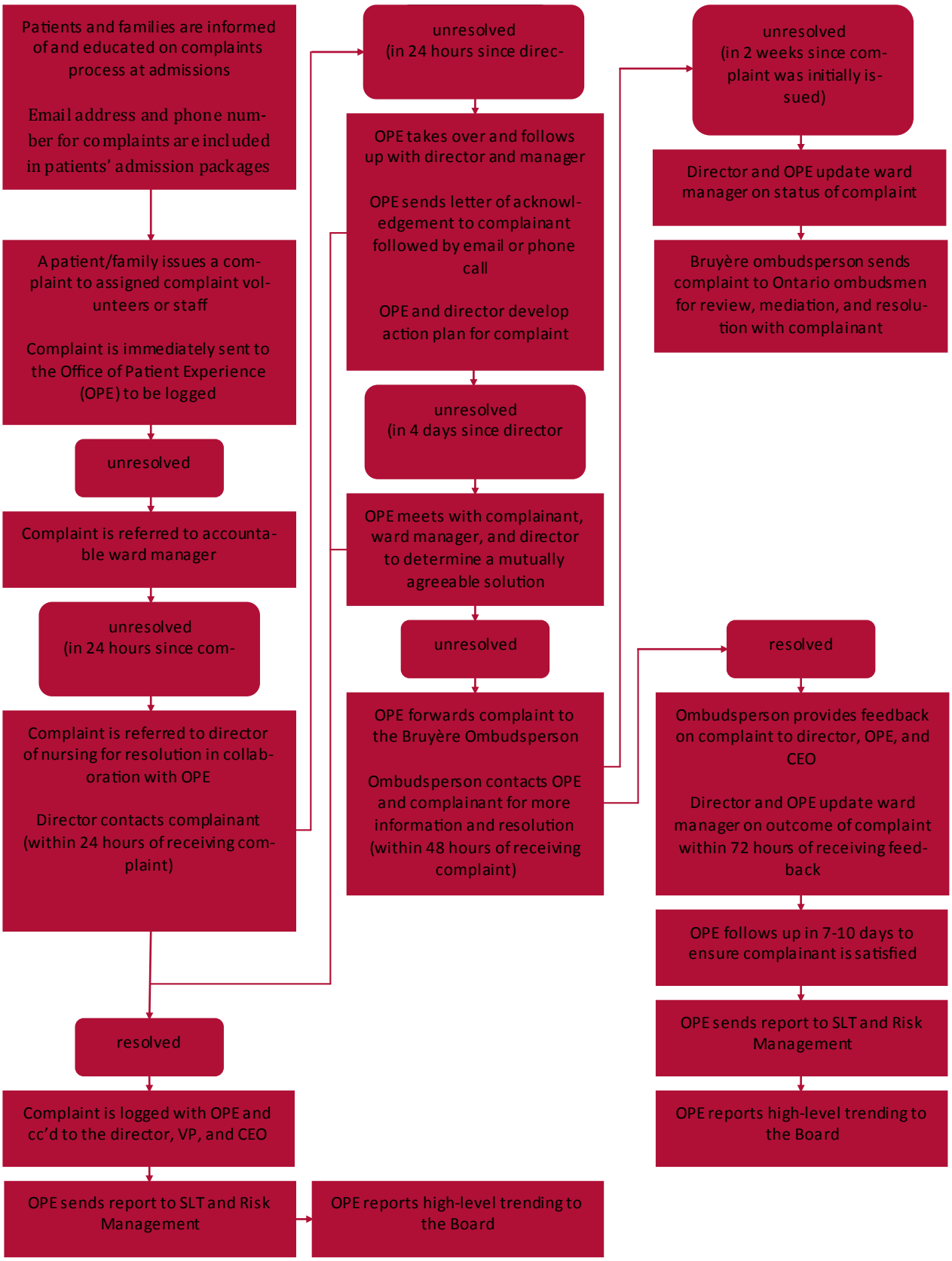
1. Devote more attention to the development of professional courtesy and behaviour in the handling of complaints. This includes honesty, openness, and a willingness to listen to the complainant and work with the patient and/or family to rectify the problem.
2. Require that staff record complaints and any action taken to address them. Require that staff check with the patient afterward to confirm the patient is satisfied with the response, how it was handled and the outcome.
3. Do not leave inexperienced or lesser-trained staff to deal with complaints. Staff need to be adequately trained, supported, and supervised to deal with complaints effectively.
4. Encourage both positive and negative feedback about hospital service. Complaints should be considered essential sources of information.

5. Continue to develop a culturally safe environment for patients. This will help identify problems with staff attitudes and organisational approaches.
6. Ensure the true independence of clinical and lay advice and support offered to the patient during conversations at the beginning of the complaints process.
7. Fully involve patients, families, and patient representatives in developing and monitoring complaints processes.
8. Establish a new process at BCC for receiving and processing complaints including an Office of Patient Experience and an Ombudsperson.
9. Ensure that regular monitoring of the patient experience and handling of patient complaints is of the highest importance with regular reporting to the CEO and Board of the Hospital.

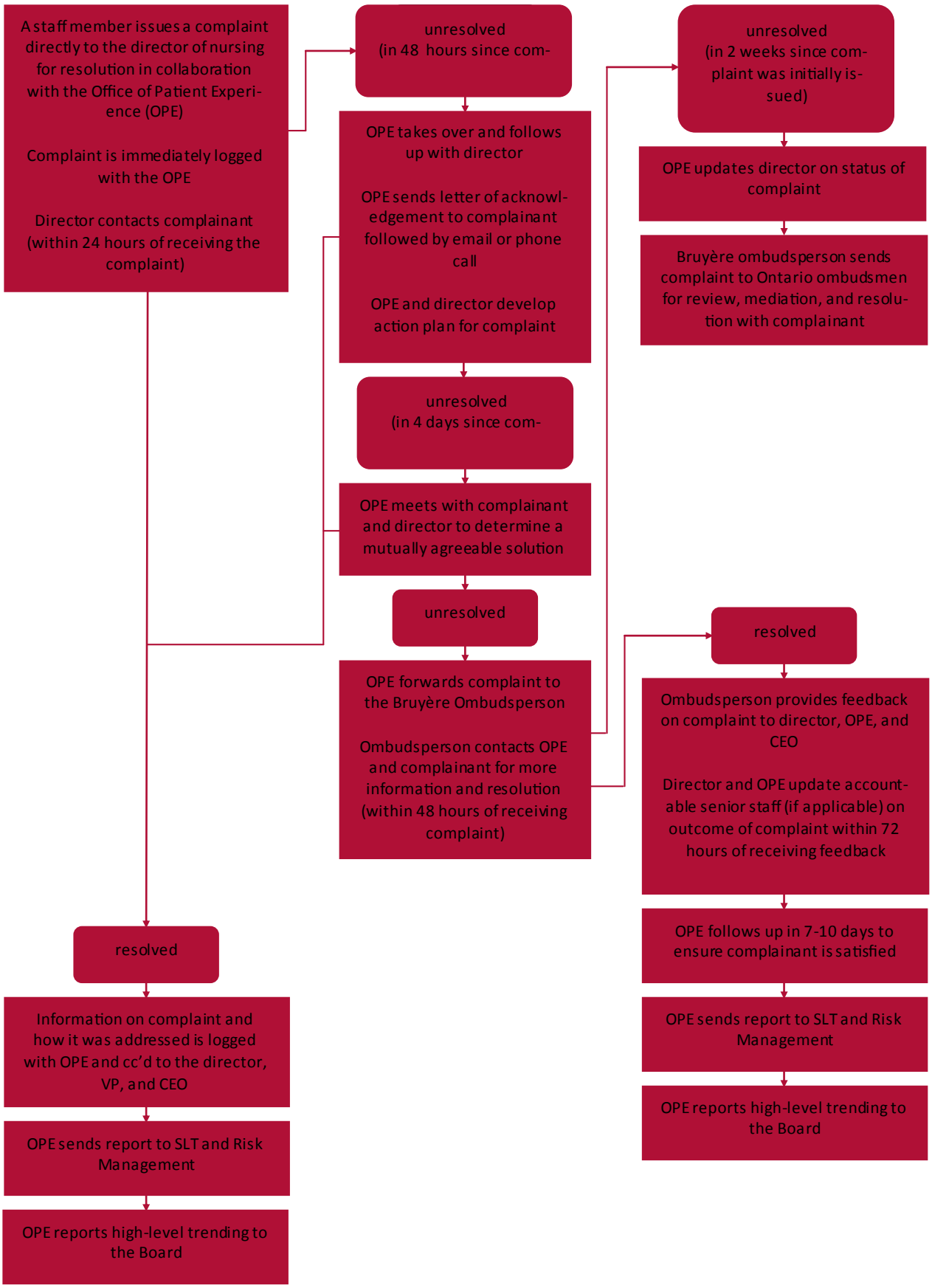
The above recommendations focus on ways to bring more independence into complaints handling. We suggest establishing an Office of Patient Experience for patients, caregivers, staff and volunteers. And in addition appoint an Ombudsperson to deal with any complaints that could not be resolved by the Office of Patient Experience. The proposed complaints system (see Appendix 1 and Appendix 2 for complete details of the flowchart and process) will not only constitute a means to measure the patient and family experience at Saint-Vincent Hospital, but will also help to address the areas of significant concern identified via the NHS review and the BRI concept mapping sessions. As SVH evolves to deliver high-quality care to an increasingly acute patient population, the nature of patient's complaints and concerns will evolve in response. This complaints system will identify complaint trends and patterns to accommodate the dynamic concerns of SVH's population at both individualised and systemic levels.

We propose that most complaints should be resolved within 48-72 hours at the level of the ward and Director of Nursing. If that does not work then either OPE gets involved and after 4 days the Ombudsperson is asked to get involved. It is extremely important that the patient plays a role as things progress in the negotiations as to what a satisfactory outcome and process would look like. The Ombudsperson's role will be to informally resolve complaints via mediation, negotiation, and subtle diplomacy. They will conduct inquiries and structured investigation to determine if a complaint is founded or identify if complaints are following a trend. Based on the investigations, the Ombudsperson will make recommendations to correct unfair situations of both individualised and systemic nature.

Appendix 1: The BCC Office of Patient Experience: Complaints Flowchart for patients



Appendix 2: The BCC Office of Patient Experience: Complaints Flowchart for Staff



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