The evolution of complaint management in the Hong Kong Hospital Authority. Part 2: The ‘complaints’ iceberg

As most medical colleagues are aware, the term ‘clinical iceberg’ is used to describe the phenomenon whereby the visible part of a disease—that which is detected or diagnosed—is only the ‘tip of the iceberg’. What may matter even more is that there might be a significantly greater part which has not yet been uncovered.1

We may perhaps use the same analogy to consider what may be usefully gained from the complaints process. It may be that what we can see from the complaints received is only the tip of the ‘complaints iceberg’. Nonetheless, just as it is useful to work from what is visible to try to discern pointers as to what is happening in the greater, unearthed portion, so there may perhaps be useful ‘lessons to learn’ from a sampling of the cases we have received over the years.

Complaint case 1: Informed consent for teaching purposes

In a patient complaint which happened at a teaching and clinical session of the gynaecology clinic of a public hospital, the complainant was dissatisfied with the hospital’s arrangement whereby she had to undergo vaginal examination 3 times (one by the specialist and the others by two medical students). She alleged that no prior consent for the vaginal examination for teaching purposes was sought from her.

Observations and conclusion
The case was subsequently submitted to the Hospital Authority (HA) Public Complaints Committee (PCC)—the final appeal body for patient complaints within the HA—which ruled that:

1. the specialist did not clearly inform the patient that the vaginal examination by the medical students was for teaching purposes;
2. no prior consent was sought from the patient for the vaginal examinations by the medical students; and
3. the medical students were not clear about the concept of patient informed consent as reflected in their statements submitted during the complaint investigation.

Recommendations and follow-up actions
Following the PCC’s recommendations, a review was conducted by the HA on the issue of patient consent for physical examination by medical students for teaching purposes as part of the Authority’s risk management initiatives. Since the review, the concerned medical staff have been reminded that prior patient consent must be obtained. The case was also shared by all frontline staff through the Risk Management Release (a corporate electronic publication on risk management) to prevent recurrence of similar problems. The PCC Secretariat has also formally written to the deans of the medical schools drawing their attention to the case and suggesting that they alert medical students of the importance of patient consent for physical examination.

Complaint case 2: The importance of good medical records keeping

In a complaint against a public hospital for inappropriately discharging a patient who was suspected to be suffering from peritonitis, the PCC noted that the patient had had a history of Sjogren’s syndrome complicated by thrombocytopenia and hyperviscosity for 8 years. She also suffered from nephritis and was maintained on immunosuppressive therapy.

She was admitted to hospital A for fever and abdominal distension and was discharged 2 days later upon stabilisation. Six days later, the patient was admitted to hospital B through the Accident and Emergency Department for a similar complaint and it was treated as peritonitis. She was subsequently transferred back to hospital A for further treatment.

Observation and conclusion
The complaint was received 2 years after the incident. During the course of investigation, the patient’s medical records during the first episode of hospitalisation at hospital A were found to be missing. This had posed great problems for the PCC in reconstructing the chronology of events and what transpired when the patient was hospitalised. The hospital had made tremendous efforts to retrieve other available evidence, including medical information in the computerised laboratory results report, the prescription records during her hospital stay, and the discharge summary. These records revealed that abdominal parencentesis was not indicated during the patient’s hospitalisation, that her condition at the time of discharge was stable, that she was not on antibiotics during her hospital stay nor upon discharge and that a follow-up appointment was only scheduled for 3 weeks’ time.

Based on expert advice, the available medical information and circumstantial evidence during the patient’s 2-day stay in hospital A, the PCC concluded that it was unlikely that the patient was suffering from peritonitis at the time. The allegation of inappropriate discharge of the patient was unsubstantiated.

Recommendations
Good medical records and thorough documentation are
Complaints received, or of the characteristics of the patients, or of the reasons for making a complaint, and factors that could have prevented complaints.

The authors concluded that a better response to complaints at the clinical level by the staff involved in the original incident was needed, staff training in responding to
complaints was essential, and monitoring complaints must form part of a more general risk management programme.

As a further recognition of the value of complaints, the National Health Service (NHS) in the United Kingdom expressly linked complaints with comprehensive proposals for reforming the approach to clinical negligence in its June 2003 consultation paper ‘Making amends’.

In this paper, it was proposed that the new NHS Redress Scheme would be closely aligned with the new NHS complaints procedure and it is envisaged that there would be a full investigation for each complaint case. This was partly so that individual complaints could be satisfactorily responded to, but the paper also calls for “the (health care) organisation (to) vigorously (investigate) and (learn) effectively from complaints...”, and that investigation of complaints and incidents should be coordinated under a single senior manager.

It would therefore seem that the evolution of complaints management in Hong Kong does mirror similar developments overseas.

References