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Original article

## A retrospective study of complaint letters sent to a Swiss Emergency Department between 2009 and 2014

*Étude rétrospective des plaintes adressées au service des urgences d'un hôpital suisse entre 2009 et 2014*

M.-N. Pfeil\*, B. Yersin, L. Trueb, A.-S. Feiner, P.-N. Carron

Emergency department, Lausanne university hospital, CHUV, rue du Bugnon 21, 1011 Lausanne, Switzerland

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### Abstract

**Objective.** – Patient complaints are a valuable resource for monitoring and improving patient safety and quality of care. The purpose of this study was to analyze the complaint letters received at a Swiss academic emergency department (ED) over six years.

**Methods.** – A retrospective study of all complaint letters sent to a Swiss academic ED between 2009 and 2014 was conducted. The following data were extracted: epidemiology items, reasons for complaints, hospital responses, follow-up, and severity of the events mentioned in the complaints. All complaint letters related to adult patients evaluated in the ED between 2009 and 2014 were included and a qualitative evaluation was performed based on a systematic taxonomy. Context, patient characteristics, mode of resolution and clinical severity of the related adverse event were evaluated.

**Results.** – A total number of 156 complaints were recorded, corresponding to an annual complaint rate of 5.5 to 8.8 per 10,000 visits. The complaints concerned mostly three domains (clinical care, management and patient or caregiver relationship) with a slight predominance for organisation and logistics (39%) compared with 31.4% for standard of care and 29.6% for communication/relational complaints. The majority of complaints were sent within one month of the ED visit. Most complaints were resolved with written apologies or explanations. The consequences of 73.5% of the events in question were considered minor or negligible, 19% moderate, and 6.5% major. Only 1% (two cases) was related to situations with catastrophic consequences.

**Conclusion.** – Complaint incidence in our ED was low and remained stable over the six-year observation period. Most of the complaints pertained to incidents that entailed negligible or minor consequences. As most complaints were due to inadequate communication, interventions targeting improvement of the doctor/patient communication are required.

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**Keywords:** Complaints; Emergency department; Patient safety; Satisfaction; Quality of care

### Résumé

**Introduction.** – La médecine d'urgence, en raison du flux souvent important et peu prévisible de patients se présentant pour des motifs variés, est régulièrement exposée aux critiques. Dans une vision d'amélioration de la qualité, les plaintes des patients constituent une source d'information précieuse pour évaluer et améliorer leurs prises en charge.

**Objectif.** – Analyser les plaintes adressées au service des urgences d'un hôpital tertiaire pour détecter et comprendre les dysfonctionnements d'un système et tenter d'y apporter des solutions.

**Méthode.** – Étude rétrospective monocentrique incluant toutes les lettres de plaintes adressées au Service des urgences du CHU de Lausanne entre 2009 et 2014. Les données concernant l'épidémiologie des patients, les motifs des plaintes et les réponses données ont été analysées pour chaque plainte. La sévérité des événements mentionnés dans les plaintes a été analysée à l'aide d'un outil validé « The National Patient Safety Agency ».

\* Corresponding author.

E-mail address: pfeilmn@hotmail.com (M.N. Pfeil).

**Résultats.** – Au total, 156 plaintes ont été répertoriées, correspondant à un taux annuel de 5,5 à 8,8 plaintes pour 10 000 consultations. Ces plaintes concernaient essentiellement les aspects organisationnels/logistiques (39 %), les soins (31,4 %) et le relationnel (29,6 %). La majorité (62 %) des plaintes ont été envoyées dans le mois suivant la consultation aux urgences. La plupart (89 %) ont été résolues par un courrier d'excuses ou d'explications. Quant à la sévérité, 73,5 % des événements mentionnés dans les plaintes concernaient des situations jugées négligeables ou mineures, 19 % présentaient des conséquences modérées, 6,5 % des conséquences majeures et seulement 1 % (deux cas) concernaient des situations avec conséquences jugées catastrophiques.

**Conclusions.** – Le taux de plaintes enregistrées était faible et est resté stable sur les six années étudiées. La majorité des plaintes (73,5 %) concernaient des cas avec des conséquences négligeables ou mineures. Nos résultats montrent que des stratégies pour améliorer la communication entre médecins et patients seraient bénéfiques.

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*Mots clés :* Plaintes ; Service des urgences ; Sécurité des patients ; Satisfaction ; Qualité des soins

## 1. Introduction

The number of patients treated each year in emergency departments (ED) worldwide is increasing. In Europe, ED handle approximately 20–25 visits per 100 inhabitants per year [1,2], compared to > 40 visits per 100 inhabitants in the USA [3]. This high activity is associated with an important risk of human errors and ED has therefore been described as “natural laboratories for the study of error” [4].

All ED tasks, such as registration, triage, medical assessment, transmission of medical information and coordination between the various partners are complicated by time constraints, interruptions and distractions [5,6]. Hence, emergency medicine is considered a “high risk” specialty, particularly prone to litigations and claims. Recent studies have shown that emergency medicine is now part of the top five specialties in terms of complaint frequency [7–9].

In this context, quality of care and patient safety are major issues in the ED. Analysis of several indicators, such as patient readmission rate, waiting times, rates of patients left without being seen, incident report systems, autopsy reports, or morbidity and mortality reviews have been used to monitor and improve the quality of healthcare in ED [10]. Analysis of complaint letters from patients and caregivers is part of these essential tools, providing valuable information about quality of care and patient satisfaction [9,11]. Patients and/or their relatives are able to identify specific dysfunctions in the healthcare system, which are frequently underestimated or not identified by traditional monitoring or incident reporting systems [10,11]. Information related to communication gap, waiting times or information failures are key elements in these complaints. Although the goals of individual complaints are many-fold (information, obtaining procedural modification, payment disputes, litigation), they explicit individual patients experiences and therefore complement other sources of quality monitoring.

By analysing complaint rates, types and evolution over a 6-year period, the mode of resolution and complainants characteristics, this study aimed to identify specific shortcomings in the ED that could be targeted by quality of care improvement interventions.

## 2. Method

### 2.1. Study design

This study is a descriptive analysis of all complaint letters specifically related to patients admitted to the ED of the Lausanne University Hospital from January 1st 2009 to December 31st 2014. The Lausanne University Hospital is a 1500-bed public university hospital that provides primary care for the 300,000 inhabitants of the Lausanne area, as well as tertiary care for Western Switzerland (1.5 million population area). The Lausanne University Hospital ED receives 60,000 adult patients per year. Many patients (~ 22,000) are admitted for specialized health problems (ophthalmology, gynaecology, psychiatry) and thus referred from the ED to these specialized clinics or to ambulatory primary care clinics. The remaining patients (~ 38,000 patients/year) are admitted and treated in the ED.

Patients admitted to the ED are initially registered in the ED software and evaluated by a triage nurse. They are triaged according to the presenting complaint and their vital signs, according to the Swiss Triage Scale [12]. The patients are then registered in the administrative information system unless their clinical condition warrants immediate attention.

### 2.2. Data sources

We analysed all complaint letters from patients, their families or accompanying persons who visited the ED during the study period. At the Lausanne University Hospital, complaints addressed to the clinical departments, or specifically related to the medical activities of a clinical department, are managed by the department head. Complaints involving financial litigation or complaints related to the institution as a whole are managed by the Lausanne University Hospital management. Since April 2012, our hospital also provides an institutional complaints centre where patients can voice their concerns to mediators.

Complaints addressed to the ED are managed by two senior physicians and all answers are validated by the ED medical director. For legal and administrative reasons, complaint letters

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