

Name of Policy: Patient Complaint Monitoring

Policy Number: 3364-100-50-46

Department: Hospital Administration

Approving Officer: Chief of Staff
Chief Medical Officer

Responsible Agent: Chief Executive Officer

Scope: The University of Toledo Medical Center and Clinics



Effective Date: 05/01/2021

Initial Effective date: September 1, 2015

<input type="checkbox"/>	New policy proposal	<input type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input checked="" type="checkbox"/>	Reaffirmation of existing policy

I. Policy Statement

The University of Toledo Medical Center strives to improve the human condition by providing patient-centered, university quality care. This includes promoting teamwork and group responsibility in identifying and implementing opportunities for improvement.

II. Purpose of Policy

Patient complaints are indicators of patient or family concerns about their healthcare experiences. Dissatisfaction may be associated with patient non-adherence to medical treatment plans, unwillingness to stay with a practice, impaired outcomes of care, as well as increased risk for professional liability claims. This policy outlines UTMC’s process for identifying and addressing professionals associated with high numbers of patient complaints.

III. Scope

This policy applies to all staff and medical staff members of the University of Toledo Medical Center, including Kobacker, the Senior Behavioral Center, the Coghlin Rehabilitation Center, the acute care hospital and all University of Toledo outpatient departments, clinics and other practice sites.

IV. Compliant Monitoring and Program

UTMC monitors complaints lodged by patients, family members, or concerned others (“Patient Complaints”) with the Service Excellence Department. The Service Excellence Department works with various programs, including Vanderbilt University’s Center for Patient and Professional Advocacy (CPPA) that uses the Patient Advocacy Reporting System® (PARS®) to analyze patient complaints for patterns. UTMC has created a Patient Complaint Monitoring Committee (PCMC) that conducts tiered levels of intervention with professionals associated with high numbers of patient complaints. Interventions begin with peer-delivered messages, and if needed, later involve the relevant Chair, Chief, or other leader (“authority figure”) to formulate an action plan. Interventions may culminate in corrective/disciplinary action for professionals whose patient complaint patterns do not improve.

V. Procedure

A. Patient Complaint Monitoring Committee (PCMC)

1. PCMC is a standing Peer Review and Quality Improvement Committee of UTMC and the UTMC Medical Staff Medical Executive Committee, consisting of the Assistant General Counsel of the HSC Office of General Counsel, Chief Operating and Clinical Officer, and the Dean of the College of Medicine and Life Sciences. The PCMC Chair(s) is appointed by the Medical Executive Committee.
 2. All data, materials, communications, and processes referenced in this policy are confidential and privileged under the auspices of Peer Review and Quality Improvement statutes under Ohio law and other applicable federal and state statutes and regulations.
 3. PCMC members are:
 - a. Peer professionals who will perform the duty of messengers trained to deliver patient complaint data to professionals associated with high numbers of patient complaints and other UTMC leaders. Appointed by the PCMC Chair(s) from nominations made by UTMC leadership including department Chairs.
 - b. UTMC leadership as a subcommittee within PCMC with which limited information will be shared as set forth in this policy.
 4. All peer professionals who accept the nomination for participation in the PCMC committee will complete the Vanderbilt Messenger Training workshop or other appropriate training.
- B. Identifying Patterns of Patient Complaints:
1. UTMC collects and centralizes patient complaints within the department of Service Excellence.
 2. Service Excellence personnel notify involved healthcare professionals when a patient complaint is received and, as applicable, seek assistance toward resolution in accordance with policy 3364-100-60-01 – Complaint/Grievance Management.
- C. Vanderbilt University’s Center for Patient and Professional Advocacy (CPPA) using the Patient Advocacy Reporting System® (PARS®)
1. Upon collection of patient complaints and providing to CPPA, CPPA will analyze patient complaints and convert the data into calculated Risk Scores. The CPPA Risk Score algorithm weighs the number of complaints incurred by a healthcare professional over 4 consecutive years; complaints recorded in recent years have greater impact (weight) on the score than those recorded in previous years.
 2. CPPA identifies healthcare professionals with qualifying Risk Scores for intervention as those associated with having a higher risk of malpractice risk (always including those within the 95th percentile of their local or national peer group).
 3. CPPA compiles complaint data for identified professionals, using reports and graphic representations of professional-specific and comparative data to demonstrate patterns of complaints. Compiled data, for example, may include:
 - a. The Service Excellence-documented patient complaint reports with which the professional was associated
 - b. Summary of relevant excerpts from patient complaint reports
 - c. An analysis of types of patient complaints the professional receives, falling within the six categories of:

- 1) Care and Treatment
 - 2) Communication
 - 3) Concern for Persons
 - 4) Access and Availability
 - 5) Safety of Environment
 - 6) Money and Billing
- d. Individual versus UTMC and national Risk Score comparisons, and
 - e. The professional's Risk Score trend
4. Interventions and Types

PCMC Chair(s) provides notification to the PCMC of the professionals who will receive any level of intervention.

D. Level I “Peer-based Awareness” Intervention:

Year 1 – Initial Intervention

- i. The PCMO chair/co-chair assigns a peer PCMC member to meet with the professional associated with high numbers of complaints after review of the assignment for potential conflict of interest and appropriateness of the match.
- ii. Peer meets privately with the professional to whom he/she is assigned to share the contents of the compiled intervention data. The purpose of the meeting is to share the compiled intervention data, not to give advice, provide direction, or punish.
- iii. Peer establishes expectation that the professional will take steps to correct the pattern of patient complaints, and peer advises that follow-up data is provided annually.
- iv. The “Authority Figure” (chair, chief, Chief of Staff, Chief Nursing Officer, Chief Operating and Clinical Officer or other appropriate leader) for a professional with a qualifying Risk Score may be informed of a Level I intervention at the discretion of any leader listed in section V.A.3.

Year 2 – Follow Up

If improved Risk Score: Peers shall follow-up patient complaint data with the professional.

If unchanged Risk Score:

PCMC chair/co-chair notifies Authority Figure of the Year Two Level I intervention

Peer meets with and delivers follow-up patient complaint data to professional assigned to him/her unless Authority Figure wishes to advance to a level II “Authority-guided” intervention (see section V.E. below).

If worsening Risk Score: PCMC chair/co-chair initiates a Level II “Authority-guided” intervention in accordance with section V.E. below.

Year 3 – Follow Up

If second year of significantly improved Risk Score (i.e., score is below threshold for newly identified professionals): Peer informs professional, and meetings are suspended.

If unchanged or worsening Risk Score: High complaint professional advances to Level II “Authority-guided” intervention.

E. Level II “Authority-guided” Intervention

1. PCMC chair/co-chair provides notification to the HSC Office of Legal Affairs, Chief Operating and Clinical Officer, and the Dean of the College of Medicine and Life Sciences of professionals receiving Level II intervention.
2. PCMC chair/co-chair meets with high complaint professional’s Authority Figure to discuss Level II “Authority-guided” interventions and review the patient complaint data.
3. Authority Figure and high complaint professional meet (peer and/or PCMC chair/co-chair may also attend at Authority Figure’s discretion) to review the patient complaint data and clarify expectations.
4. Authority Figure develops action plan for the high complaint professional to reduce patient complaints substantially within a specified timeframe and presents the plan to the Dean of the College of Medicine and Life Sciences and the Chief Operating and Clinical Officer for review and approval.
5. Interventions are suspended if Risk Score falls and remains below the threshold for Level I intervention over 2 years.

F. Level III Referral

Any leader who refers a high complaint professional for Level III provides notification to the other parties listed under section V.E.1, as well as the HSC Office of General Counsel, and Office of Risk Management.

G. “Early Awareness” Intervention

1. Intended to alert newer UTMC healthcare professionals (those with less than 2 years’ affiliation) whose numbers of patient complaints (at least four reports since their arrival) suggest an emerging pattern, in order to provide them with an opportunity to take corrective action.
2. Department chair, chief, or other appropriate leader meets with the identified healthcare professional to share his/her patient complaint data.
3. If follow up patient complaint data are improved at 1 year after the “early awareness” intervention, meetings are suspended.
4. For persistent patterns of patient complaints, Level I through Level III interventions commence in accordance with section V.D-F.

A healthcare professional’s patient complaint data may be disclosed to an Authority figure under compelling circumstances outside of the process outlined in section V.C-F if approved by any leader in section V.A.3 after written application to the chair/co-chair of the PCMC. Example – Authority Figure requests further details because the professional is the subject of a “for cause” performance review.

VI. Application

Nothing in this policy is intended to override or conflict with existing policies that define when corrective/disciplinary action is appropriate.

Approved by:

/s/
Andrew Casabianca, MD, DMD
Chief of Staff

05/18/2021
Date

/s/
Michael Ellis, M.D.
Chief Medical Officer

05/13/2021
Date

Review/Revision Completed by:

Chief of Staff
Medical Executive Committee
Office of Legal Affairs

Policies Superseded by This Policy:

- *None*

Initial effective date: September 1, 2015

Review/Revision Date: 4/1/2020

5/1/2021

Next review date: 05/01/2024

PARS® Committee Chair/Co-Chair Agreement

1. As a thoughtful advocate for patients, professional colleagues, and your institution, participate actively and critically during initial training sessions with Vanderbilt faculty. Using PARS® training materials, provide—and/or assist Vanderbilt PARS® team faculty—with messenger training subsequent to the first training session. Be prepared to articulate the rationale for this project within the institution. Guide the integrity of the process.
2. Review **every** high complaint physician folder **every** time. **Decide whether you are willing to continue to intervention with each.** Consider whether there are any reasons you should NOT deliver the data to a particular messenger(s). For example:
 - a. The data are not sufficiently compelling in your opinion to warrant intervention;
 - b. Prior bad blood between particular messenger(s) and the colleague;
 - c. Direct competition for patients, research, or other apparent conflict of interest;
 - d. Prior or existing social relationship that makes the messenger role just too uncomfortable;
 - e. Anything else that makes pursuing the intervention a bad idea.
3. Match messengers and high complaint physicians. Make appointments to visit with those messengers, hand them the folder(s) of high complaint physicians and rehearse messenger’s duties and reasons they may not wish to intervene on each colleague. Be the local “coach” regarding these interventions. If together you decide that intervention is warranted, urge the messenger to send the letter and then make every reasonable effort to make and **keep an appointment for a face-to-face meeting to deliver the data.**
4. Review debriefing form contents when they are sent to you by Vanderbilt. Look for reminders from Vanderbilt regarding debriefing forms still outstanding. **Follow up on uncompleted interventions. Emails may work, but may be lost or overlooked, so if those don’t work, weekly phone calls are better. Be prepared to reassign messengers** if the first does not complete the task in a timely (8 weeks at most without good reasons) fashion.
5. Convene Committee meetings (no more than 2 per year in most cases) to discuss experiences (but no names) and problem solve around any challenges. Maintain the confidentiality of all meetings.
6. Discuss progress and provide feedback to Vanderbilt. Feel free to seek advice from Vanderbilt PARS® team as needed.
7. Work with administrator(s) who supervise the efforts of the patient relations/patient affairs/ patient liaison office(s). Work to resolve disputes regarding unanticipated outcomes.
8. Provide regular progress reports to institutional leaders and advocate that appropriate resources be provided to support both the PARS® process and existing institutional processes (e.g., Physician Wellness, Medical Board, Peer review groups, etc.).
9. **Understand that you have the option to opt out at any time** and understand that both your importance to this effort and continued contributions to it are appreciated.

Signature: _____

Date: _____

Name (Printed): _____

Witness: _____

PARS® Messenger Agreement

1. As a thoughtful advocate for patients, professional colleagues, and your institution, participate actively and critically during initial training sessions with Vanderbilt faculty.
2. **Decide whether you are willing to continue as a messenger.** If not, thank you for making time to participate in the training session.
3. If yes, agree to review folder(s) of materials associated with one or more high complaint physician colleagues. **Decide whether you are willing to continue to intervention with each.** Consider whether there are any reasons you should NOT deliver the data to a particular individual. For example:
4.
 - a. The data are not sufficiently compelling in your opinion to warrant intervention;
 - b. Prior bad blood between you and the colleague;
 - c. Direct competition for patients, research, or other conflict of interest or appearance of conflict;
 - d. Prior or existing social relationship that makes the messenger role just too uncomfortable;
 - e. Anything else that makes pursuing the intervention a bad idea.
5. If intervention is warranted, send the letter, wait a few days, then make every reasonable effort to make and **keep an appointment for a face-to-face meeting to deliver the data.**
6. Prepare for the meeting:
 - a. Review every page of materials in the messenger folder; insure that the colleague’s folder includes all the appropriate documents;
 - b. Review the training manual;
 - c. Recall the non-punitive, non-fixing, caring and collegial intent of this process;
 - d. Rehearse your intended opening lines, key points, and closing messages.
7. Meet with the colleague and **deliver the materials within 6 weeks.** If this is not possible, or if any problems making contact arise, **alert the committee chair or co-chair.**
8. Complete the debriefing form and mail it to Vanderbilt within a day or two of the meeting.
9. Maintain the confidentiality of the session.
10. **Decide whether you are willing to continue.** If you are willing to continue your messenger role, return for follow-up sessions with the Vanderbilt group.
11. Be willing to provide follow-up data to the colleague upon whom you initially intervened.
12. Collaborate with the Committee Chair to make this process work.
13. **Understand that you have the option to opt out at any time,** and understand that both your importance to this effort and continued contributions to it are appreciated.

Signature: _____

Date: _____

Name (Printed): _____

Witness: _____

Messenger Committee Invitation - SAMPLE

INSERT NAME,

In 2014, UTMC established a Committee that created a Patient Complaint Monitoring Committee (PCMC), a standing committee of the Medical Center Medical Board. You have been recommended by your chairman to serve on this important committee. Chairmen are periodically asked to nominate individuals who are respected members of the faculty, committed to confidentiality and professionalism, and who are dedicated to improving the quality of health care services at UTMC.

Committee members have responsibility for delivering Level 1 PARS[®] “Awareness Interventions” to individuals within the UTMC environment who are identified to be at higher than predicted malpractice risk based upon their patient complaint data. Members of the Committee agree to share information with their colleagues in order to make them aware of their risk status and assist in promoting overall accountability.

In preparation for our next interventions in June, we are training a new group of Committee members. The training session will take place Monday, May 14, 2012 from 4:30 PM to 8:30 PM in (INSERT LOCATION) and will include a working dinner. The training will introduce the research background of the PARS[®] program and the principles of sharing sensitive complaint data. As an important member of our team, I would like to invite you to attend the training.

Please take this opportunity to review your schedule, and I will follow up with you in the near future regarding your availability and willingness to become a member of the PCMC. If you have any questions in the meantime, please don't hesitate to contact me.

Thank you again for your leadership role at UTMC.