

Study shows link between patient complaints and increased risk of postoperative complications

February 23 2017, by Jamie Williams

For the first time, researchers have shown a concrete link between patient complaints and surgical complications. It has been widely understood that complaints are tied to malpractice suits. But with this research, institutions can study trends in complaints and step in to offer support for physicians with a high volume of complaints, helping them to change behaviors and, in turn, reducing complications and lawsuits.

Researchers analyzed data collected from seven [academic medical centers](#). Overall, 11 percent of the more than 30,000 patients in the study experienced a complication. Prior patient [complaints](#) for a surgeon were significantly associated with the risk of [surgical complications](#), [medical complications](#), and readmission. For the surgeons in the highest quartile of patient complaints, the adjusted rate of complications was 14 percent higher than those in the lowest quartile.

"The data here are both clinically and statistically significant," said Scott Hultman, MD, MBA, Ethel A. and James F. Valone Distinguished Professor of Plastic and Reconstructive Surgery at the UNC School of Medicine and fourth author of this study published in *JAMA Surgery*. "I hope that this data will give our providers a reason to take the complaints they might receive very seriously, step back, and really consider the ramifications of their behavior."

In any surgical procedure, there is always risk of complication. Hultman

says patients are willing to accept a certain level of risk, but what often leads to complaints is not solely the complication, but the feeling from the patient and their family that the physician was not attentive or receptive to their individual needs.

"Patients want to know who their physicians are. They want to have access to them, to be communicated with throughout the process," Hultman said. "These results only reinforce why we need to continue to stress communication, teamwork, and professionalism."

Communication is an important piece of the equation, not just between physician and patient, but also between the physician and the other members of the care team.

"Other people on the care team may have key information that needs to be shared, and they need to feel free to speak up," Hultman said. "If your style is such that people on your team don't feel comfortable making suggestions, then you don't get the information you need, and the risk of complication goes up."

The [patient complaints](#) analyzed in this study are only shared with physicians, and are not publically available. However, the study does come at a time of increased discussion of transparency and patient choice.

"Patients need to know that they do have choices," Hultman said. "If they don't understand the roles of the team, or they don't feel like they have a strong connection with their doctor, they should trust that instinct."

Hultman stresses that the behaviors most likely to generate complaints are correctable. At UNC Hospitals, Hultman leads the Patient Advocacy Reporting System (PARS) program. PARS is meant to help physicians

with a high number of complaints reduce them through counseling and training. Since 2004, the program has worked with around 70 physicians, with a success rate of nearly 80 percent.

Physicians are paired one-on-one with a messenger from the same discipline. Through a series of meetings over multiple years, the physicians receive training and counseling in hopes that they can change the behaviors leading to the complaints. The results of this study underscore the importance of this effort.

"One of the things people say when entering the program is despite a high number of complaints, their work quality is good, their patients love them, or they have a low number of complications," Hultman said. "That may be true at the moment, but this study says that if you have a high number of complaints, you are going to have complications."

Efforts to reduce complaints and complications have obviously positive effects for [physicians](#) and patients. The authors also conclude, though, that when their data is extrapolated out to the entire United States, "failures to model respect, communicate effectively, and be available to [patients](#) could contribute to more than 350,000 additional [complications](#) and more than \$3 billion in additional costs to the U.S. health care system each year."

Provided by University of North Carolina at Chapel Hill School of Medicine

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