

## **Swedish investigation about their complaints system**

### **Summary**

The task of the Complaint Investigation Board is to provide suggestions on how to handle complaints against healthcare can be more effective. With purpose, we mean that complaint management is based on patient needs, contributing to increased patient safety and resource-efficient.

Failure in the complaint system today

Complaints against healthcare can be made to the healthcare provider, to the patient committee in county council or municipality or to be notified to the Inspectorate for Health and Care (IVO).

The survey's survey shows that the different functions of today's complaints systems are unclear for the patients and that it is not clear where to turn for different purposes. Patients' expectations do not match the task of the different actors, which leads to disappointment and frustration. There are also shortcomings and great variation in the treatment of patients who complain about the treatment.

When a patient reports maladministration to IVO, it takes a long time before the patient answers their questions, and the patient's perspective is often not visible in the authority's decision.

Today's complaints system takes on a significant part of the IVO's resources. Of IVO's total costs, 28 per cent go to handling complaints against healthcare. Of the resources devoted to supervision in the healthcare sector, 60 per cent go to the complainant goal management. This reduces the authority's ability to conduct a patient-based supervision that is risk-based. The investigation also considers that the IVO does too few inspections, and that there is a lack of patients being interviewed or otherwise being allowed to speak in connection with an activity being reviewed. The collection of patient experiences also needs to be developed in the IVO risk analysis, and cooperation with the patient boards is deepened.

The investigation also concludes that there is no tradition in healthcare which means that the patient's views and responses to the care given are sufficiently seen. Therefore, there is no systematic use of patients' experiences in the quality and patient safety development of healthcare. The opinion of the investigation is that the patient's weak position in the cluster target system depends not only on responsibility and resource distribution but also largely on culture and values. Consequently, cultural changes are needed both in health care and IVO, which helps the complaint system to be based on the patient's perspective.

### **Benefits for the patient**

The complaint system proposed by the investigation should, if carried out, be evaluated based on whether it contributed to the benefits for patients who are the purpose of the change. The investigation looks at the following gains.

- The patient receives a response faster.
- The responses from the patient care provider to the patient are clearer and explain what has happened.
- It will be easier for patients to understand where to complain.
- Patient-based supervision is conducted.
- IVO makes clear statements about whether a healthcare provider or healthcare professional has acted incorrectly or not.
- Patients' views, experiences and complaints are used in the development of health care.

### **An effective complaint system**

In order to create an appropriate complaint system, the investigation finds that three types of measures are required: changing and clarified division of responsibility, changing resource allocation and cultural change for more patient-centered care.

#### **The patient receives an answer**

The patient must know where to complain about complaints and points of view and who has any responsibility. In the part report, we therefore suggested that uniform national information on how to complain about care, where to turn and what expectations you can have, be developed.

In the new complaint system we propose, the patient should primarily contact the healthcare provider. It is the healthcare provider who can explain what has happened and who is able to take action that allows patients to meet their needs, for example through subsequent visits or new contact routes. The healthcare provider can also better describe what is being done to prevent a negative event from happening again and, if necessary, give the patient an apology. The investigation therefore proposed in the sub-report a provision that provides the healthcare provider with a precise obligation to handle patient complaints. In this report, we propose that the person receiving a complaint from the patient should ensure that it comes to the appropriate healthcare provider. Because the patient is in a state of dependence against the healthcare provider, a functioning complaint system must also contain an instance whose task is to support the patient and work for the care provider to provide answers and explanations of what has occurred. We have made the assessment that the patient committee will have that function and propose a new law to regulate the business. The law states that the main task of the committees is to assist and support individual patients to receive responses from the healthcare provider. Patient committees shall communicate with patients as appropriate with regard to the nature of the question or complaint. If the patient is a child, the boards should pay particular attention to the best interests of the child. We believe that the Patient Board should have an independent position that is organizationally separate from caregivers and the country's management in order for patients to feel safe to express their views without risking poorer care.

The patient board together with the healthcare provider constitutes the first line of the proposed system. In most cases, these operators can meet the needs of the patient through a fast, personal and informal management.

We also propose that the boards contribute to patient centering and high patient safety in the healthcare sector by analyzing received complaints and comments annually. Risk areas and barriers to a safe and patient-centered care identified in the analysis should be communicated to the county council or the municipality. These should therefore organize their activities in such a way that the conclusions of the analyzes made by the councils are taken care of and contribute to the development of the patient's careers in the development of healthcare.

#### **Patient-centered supervision**

IVO's role in the complaints system is to test patient complaints and comment on whether an action or failure of healthcare professionals or healthcare professionals is in violation of law or other prescriptions or is inappropriate for patient safety. IVO must clearly decide whether an act has been constitutional or not.

We also believe that the IVO should conduct patient-centered supervision. With patient-centered supervision, the investigation considers supervision that is, first, risk-based and preventive in a way that helps prevent health injuries and can lead to quality improvements from the patient's perspective. IVO will give priority to action against abuse, which is believed to have a significant impact on patient safety. Correspondingly, supervision should focus less on areas where such risks do not occur or where they are small.

Patient-based supervision also looks at the overall outcome of the care for the patient and does not only check management systems or self-control with a healthcare provider at a time. Patient-based supervision furthermore assumes that the patient's experiences, knowledge and observations take place both when the supervision is planned and when it is carried out. We also mean that supervision

should be carried out to a greater extent where care is being carried out, for example in hospitals and health centers, and based on direct contacts with patients, healthcare staff and management - not primarily on written basis. The investigation proposes that the government give the IVO the task of developing patient-centered supervision.

A prerequisite for the development of IVO supervision in such a direction is However, a prerequisite for the development of IVO supervision in such a direction is that resources are redistributed. This is also a prerequisite for the role of the Patient Board in the manner described above. The redistribution of resources should be made by limiting the IVO's investigative obligation. We have carefully overweighted the proposal because it implies a limitation on the patient's right to have an independent trial of an event in the care. However, the boundary is necessary because a new complaint system, which is more dependent on the needs of patients, assumes that resources in the system are distributed in another way. Today, over 60 per cent of IVO's healthcare management resources account for the handling of complaints, while only 9 per cent are used to examine on their own initiative healthcare activities.

In our calculations, we have shown that a limited investigation obligation for IVO releases approximately 75 million kronor. Some of these funds mean that we will be used to strengthen the patient committees so that they can help patients receive responses from the healthcare provider and to analyze patient-risk deficiencies and risks. However, we consider that most of the resources will remain on IVO in order to provide room for patient-centered supervision. Our calculations show that the proposed change provides room for, for example, 813 more inspections per year while strengthening patient appointments. This compares with almost 300 inspections carried out in 2014. The limited investigation obligation means that the IVO will have an obligation to review complaints only when certain conditions are met. The first is that the healthcare provider should have been given the opportunity to answer the complaint. The second is that the complaint is of a certain degree of seriousness. IVO shall be required to investigate cases where the patient in connection with healthcare has had a permanent or non-callable disease or injury, or has led to a significantly increased need for care or the patient's death. Complaints from patients who are subject to certain compulsory care should always be investigated if they are not manifestly unfounded or appeal decisions that may be appealed to the court. The expulsion obligation also includes events in the care that affected or threatened the patient's self-determination, integrity or legal status. IVO may refrain from investigating complaints if the event is more than two years back in time.

### **Patient-centered care**

The investigation believes that constitutional amendments will not be sufficient to create an appropriate complaint system that meets the needs of patients. The Agency for Care and Care Analysis investigations has shown that many constitutions, which in some cases apply for more than 30 years, are not fully followed by care. An interpretation of this is that legislation has its limits as a method of creating change in health care. We therefore mean that an appropriate complaint management also requires that the culture and working methods of care be developed against patient-centered care. The attitudes required when a patient or close relative complains must be based on the patient's experience of an event that the healthcare provider can adequately respond to the complaint. Furthermore, views and complaints need to be used more widely as a source of knowledge and driving force for business development.

The report has chosen to use the term patient-centered care, but considers that development towards both patient-centered and person-centered healthcare creates the conditions for effective complaint management.

In our opinion, this is about:

steering,

- leadership,

- the space for using professional knowledge, as well as

- patient involvement

We therefore believe that every healthcare provider and healthcare provider should develop their activities towards a more patient-centered healthcare care center focusing on the above areas. If the government intends to stimulate development towards patient-centered care, the focus should focus on these areas.