



Royal Tropical Institute
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Patients' Complaints on the Rise in China: How to Best Manage such Complaints in Hospitals

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Key messages:

- A tense relationship between health providers and patients exists at present in China. This situation stems from inefficient information management, a lack of specific and/or powerful accountability, and a lack of public participation in the Grievance Redressal (GR) process. Weaknesses in these three areas affect hospitals' GR management at the level of responsiveness and transparency of information, and government's decision-making based on evidence.
- More importance should be placed on hospital management learning through the self-assessment process. Patients' complaints should be managed both to discover underlying problems and also to improve management.
- Accountability should be enhanced through the effective handling of information; then hospital responsiveness to GR will improve. Government should clearly define hospitals' GR responsibilities, set up appropriate incentive and sanction mechanisms, and launch a monitoring mechanism that connects health professionals with the public. The success of such a connection mechanism relies on the government empowering users to participate in the monitoring process, as members of civil society do.
- To improve transparency and accountability, it is also essential to establish standards and a system for the regular publication of information. Definite guidance should be provided to health providers and patients. Requirements should be set for routine archiving and reporting, most of information which should be gradually published to enhance public participation.

Background

In China, patients' complaints and medical disputes are hot social issues. The number of patient complaints and disputes has risen in recent years, and both the nature of the complaints and also the manner in which complainants are expressing themselves have changed from routine to increasingly belligerent. In short, the relationship between health providers and patients has become fragile and distrustful, which in turn has been exacerbating conflict.¹⁻³ This situation results from not only rising public expectations and individuals' awareness of their rights, but also from poor GR management after complaint submission.

The Chinese government has issued a set of regulations over the past 25 years to improve GR. Regulation began in 1987 with "*Measures for the Handling of Medical Malpractice*". In September 2002, a new regulation, "*Regulation on the Handling of Medical Malpractice*", replaced the former. Subsequently, "*Measure on the Administration of Patient Complaints in Hospitals (Trial Implementation)*" issued in December in 2009, provided direct guidance for GR in hospitals. Currently, a GR system for medical cases has been established in Shanghai: a special department has been set up for GR in each hospital and a normalized process has been instituted. So far, however, the system has failed to effectively ease the tense relationship.

In our study, regulation was included as a mechanism of governance and its functions. We analyzed a specific regulation to understand how the government improves governance by solving specific social problems through regulations. We analyzed the regulation process of "*Measure on the Administration of Patient Complaints in Hospitals (Trial Implementation)*" to find the main barriers in GR management in hospitals and to make suggestions based on the governance framework.

Current issues

- **Hospitals' poor GR management leads to a lack of powerful internal accountability and hence to poor hospital responsiveness to GR**

Nationally, GR regulations contain neither mandatory, uniform requirements for hospitals nor definite responsibilities. China's MOH has integrated GR regulation into other quality-related regulations and administered them concurrently, a situation which has led to ineffective GR accountability - i.e. low external pressure on hospitals and weak attention to GR management on the part of hospital leaders. The ineffectiveness of the system is reflected in hospitals' failure to establish clear accountability mechanisms for their departments and health providers, in clinical

departments' slack attention to GR management, and in complaint management departments' powerlessness to coordinate complaint cases. All of the above undermines the effect of GR management, most evidently in large hospitals.

- **No standardized information system for access to true and accurate GR data exists**

Shanghai Municipality has taken the lead in establishing a monitoring system for the quality and safety of medical services: at the outset, the municipality effected the dynamic monitoring of the quality and safety of medical services in medical institutions. However, due to a lack of specification for uniform categories for GR cases, hospitals report cases differently, according to their own standards. Moreover, since hospitals incur punitive measures related to elevated GR case numbers, they underreport such cases. Lastly, a lack of formal administrative reporting procedure further damages data authenticity. Accordingly, the government can't currently attain accurate GR data, a situation which impairs scientific and evidence-based decision-making.

- **Lack of public participation in monitoring jeopardises transparency and leads to a closed GR information system**

All across the regulation process, hospitals are reluctant to publicize GR data, so patients can't get relevant information. Yet patients cannot select good hospitals without such full information, a situation that subverts competition among hospitals. Simultaneously, then, such information asymmetry undermines the capacity of patients-a key GR stakeholder-to monitor hospitals' GR management. So hospitals are doubly likely to provide selective GR management information. Ultimately, these two problems lead to a closed information system.

Suggestions

Combining those problems and governance framework, we make following recommendations:

First, more importance should be placed on hospitals' internal learning process in order to promote their improvement. Most hospitals manage patient complaints on a simple case-by-case basis; hence the handling and resolution of complaints generally receives priority of attention over prevention and the eventual improvement in quality gained from internal assessment and review. Quality improvement strategies stemming from a review of and learning from patients' complaints should be developed.⁴ If rectification becomes the aimed-for end result of patients' complaints, the number of failures will decrease and quality will improve.^{5,6}

Second, accountability should be enhanced to improve hospitals' responsiveness to GR. As a guideline alone, GR regulations haven't raised the mandatory requirement for accountability. Mechanisms of response should be established to increase the regulations' legal status, e.g. level-specific administrative requirements, and incentive and sanction mechanisms supporting the collection of accurate GR information. Regulation can be considered as shared between the profession and the public with increasing calls for accountability.⁷ "Shared regulations" incorporate strategies that empower users such as in the form of civil society. Such associations may participate in the policy process as consumer representatives.

Third, the establishment of a standard information system resulting in publication is essential to improve transparency. Low quality information seldom contributes to better quality care. Health administrations should not only provide clear and transparent guidelines⁸ for both health providers and patients but also deliver routine reports and annual publications that contain all relevant information regarding patients' complaints. In addition, such an information system should define and specify the requirements for routine reports and archives, analyze GR cases, and publicize all related data. The totality of these measures will significantly improve transparency and public participation.

References

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