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Complaints, concerns and adverse event reporting



Patient Incident Learning and Reporting System



Patient Reported Experiences of Osteopathic Services







How do we know what happens to our patients?

Better reflective practice

 Better student education

Better patient care





2009 NCOR standardised data Electronic data collection (SDC) tool. collection.

2010 GOsC Standards of Practice. Informed consent.

2010 NCOR adverse events review. Risks vs benefits.

2012 NCOR PROMs in osteopathy. Simple electronic outcomes collection.

2012 CROaM study. Adverse events register.

2014 Incident reporting Education/reflection.

Review of complaints to regulators and insurers

Types of incidences





Complaints and concerns

Complaints / concerns to insurers

- Complaints / concerns to the registrar
- By osteopaths about other osteopaths
- By patients
- By relatives/carers
- By concerned members of the public





Data sources

- General Osteopathic Council
- Institute of Osteopathy
- Insurance providers

(9 potential organisations in total)





Type of complaints

Formal – complaints pursued and investigated

 If data being investigated by GOsC it is only included in GOsC data to avoid double counting





Classification of complaints

- Conduct
- Clinical care
- Convictions
- Complaints relating to adjunct therapies



Number of complaints 2013 and 2014

Table 1. Summary of concerns	Total 2013	% of total 2013	Total 2014	% of total 2014
Conduct	112	55%	109	42%
Clinical care	86	42%	139	54%
Criminal convictions	3	1%	6	2%
Complaints about adjunctive therapy	2	<1%	3	1%
Total	203		257	

Concerns about Conduct	Total 2013	% of total 2013	Total 2014	% of total 2014
Communicating ineffectively or inappropriately	30	27%	23	22%
Failure to obtain valid consent – no shared decision-making with the patient	20	18%	14	13%
Breach of patient/data confidentiality	7	7%	7	7%
Failure to maintain professional indemnity insurance	0	0%	2	2%
Failure to act on/report safeguarding concerns	0	0%	1	1%
Inappropriate personal behaviour / impropriety with a patient	30	28%	26	25%
Dishonesty/lack of integrity/fraudulent	8	8%	7	7%
Business disputes	14	12%	18	17%
False/misleading advertising	3	3%	9	8%
Health and safety Unclean/unsafe premises	0	0%	2	2%
Total	112		109	

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Concerns about clinical care	Total 2013	% of total 2013	Total 2014	% of total 2014
Inadequate case history/examination/tests	4	4%	5	3%
No diagnosis/inadequate diagnosis	10	11%	6	4%
No / inadequate treatment plan	1	1%	5	3%
Failure to refer	5	6%	4	3%
Treatment Inappropriate or not justified	15	17%	27	20%
Forceful/ incompetent treatment	5	6%	36	26%
Advice, treatment, care beyond competence of osteopath	0	0%	3	2%
New or increased pain or injury from treatment	34	39%	42	30%
Failure to maintain adequate records	4	5%	2	1%
Value for money	7	8%	7	5%
Termination osteopath-patient relationship	2	2%	2	1%
Total	87		139	

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Concerns about criminal convictions	Total 2013	% of total 2013	Total 2014	% of total 2014
Common assault/battery	0	0%	1	16%
Actual/Grievous bodily harm	0	0%	1	16%
Public order offence	1	33%	1	16%
Manslaughter/ Murder (attempted or actual)	0	0%	0	0%
Driving with alcohol or drugs	1	33%	1	16%
Drug possession/dealing/trafficking	0	0%	1	16%
Conspiracy to supply	0	0%	0	0%
Sexual assaults	1	33%	1	16%
Child pornography	0	0%	0	0%
Rape	0	0%	0	0%
Total	3		6	

Concerns relating to adjunctive therapy	Total 2013	% of total 2013	Total 2014	% of total 2014
Acupuncture	2	100%	3	100%
Applied kinesiology	0	0%	0	0%
Naturopathy	0	0%	0	0%
Total	2		3	





All formal concerns raised in 2014

- 1 per ~30,000 patient consultations or
- 1 per ~187 osteopaths per annum

(based on GOsC data estimating 30,000 people consult an osteopath every working day. 260 working days per year x 30,000 patient consultations = 7,800,000 consultations per year and ~ 4,817 registered osteopaths (2014))









Patient Reported Experiences of Osteopathic Services







Patient Reported Experiences of Osteopathic Services

- Used by osteopaths.
- Register of adverse events.
- Anonymous.
- Learning environment.
- Feedback to profession.

- Used by patients.
- Database of patient experiences.
- Anonymous.
- Data collection tool.
- Feedback to profession.







Patient Reported Experiences of Osteopathic Services

Osteopaths report adverse events in a learning environment

Patients report their experiences using a data collection tool







ncorpilars.org.uk







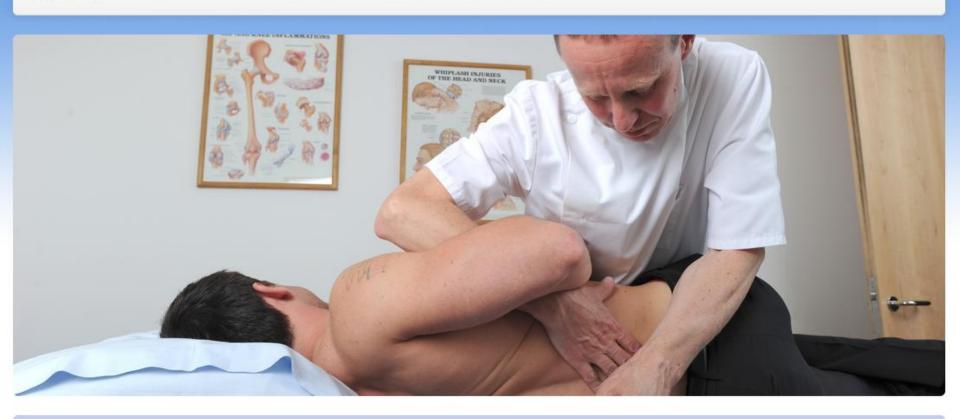
PILARS

About

Benefits of Reporting

Anonymity

Reporting Guide



The Patient Incident Learning And Reporting System

The Patient Incident Learning and Reporting System (PILARS) is a website for UK registered and student osteopaths to use as a learning resource. This platform enables you to anonymously report, view and comment on actual and potential patient incidents relating to osteopathic services, and learn from those experiences.



PILARS About Benefits of Reporting Anonymity Reporting Guide

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The platform can only be accessed with a username and password. The log in details can be obtained from the o zone, the General Osteopathic Council website for osteopaths and the secure members' area of Institute of Osteopathy (The British Osteopathic Association) website:

- · General Osteopathic Council O-Zone Section
- British Osteopathic Association Members Area

To Submit A Report/View Existing Reports, Login Above.

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PILARS	About	Benefits of Reporting	Anonymity	Reporting Guide
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About

The Patient Incident Learning And Reporting System (PILARS) has been designed to enable osteopaths to report anonymously, share and discuss challenging experiences relating to practice-related incidents, patient safety, practitioner safety or adverse events associated with osteopathic care. This can all be done anonymously online. The information gathered from these reports will be analysed only by the research team at the National Council for Osteopathic Research (NCOR) in order to identify trends. The information will be fed back to the osteopathic profession to improve patient care, and highlight any recurring issues about which osteopaths should be aware. We hope that osteopaths will learn from each other, share helpful experiences of their own, and become more aware of situations and circumstances that may lead to the occurrence of adverse events or difficult incidents in practice.

We would like to reassure you that this forum is both secure and anonymous. It is intended to be educational and supportive for the profession. The forum is password protected, available for use only by registered osteopaths and students: this site is not available or intended for use by patients, the general public, or other healthcare professionals. There is no known way for users to be identified unless they specifically choose to do so. We will monitor the site and remove any identifiable data (of practices, practitioners or patients) should it arise. Please be careful to ensure complete anonymity when adding information to the site.

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Anonymity

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This is to ensure that only registered osteopaths have access to the forum. The username and password will be the same for everyone to help ensure that users of the forum cannot be identified. Additionally, in the interest of security, the login details will be changed on a regular basis, so you may need to retrieve new log in details from the above websites periodically if you wish to view the site or add a contribution. If for any reason you experience difficulty accessing these details, then please get in touch with us via the feedback form on this site's homepage. The information provided in the forum will be stored within a secure database, which is independent from the NCOR website, or any other osteopathic group. For those who are familiar with IP addresses, the IP address of the computer from which a report has been submitted is not stored to disk. The RAM cache that might be able to carry this information is emptied continuously, therefore leaving it impossible to identify individuals submitting reports.

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PILARS

Reports

Submit Reports

Terms & Conditions

Before you submit a report we require you to acknowledge and understand the following points:

- · It is not NCOR's responsibility to investigate any reports, nor is it within their power.
- This forum has been created to enable practitioners to report and discuss incidents relating to osteopathy in order to support continued learning about patient safety and risks associated with osteopathic treatment, and events that can occur within day-to-day practice life.
- NCOR does not retain personal information identifying individual practitioners, staff or patients. You must ensure that you do not
 include any personal identifiable information in your report or any comments on reports.
- · Reporting in this forum is not a substitute for reporting incidents to your insurer or the General Osteopathic Council.
- NCOR reserves the right to alter/remove any personal identifiable data or other objectionable content from reports and comments.

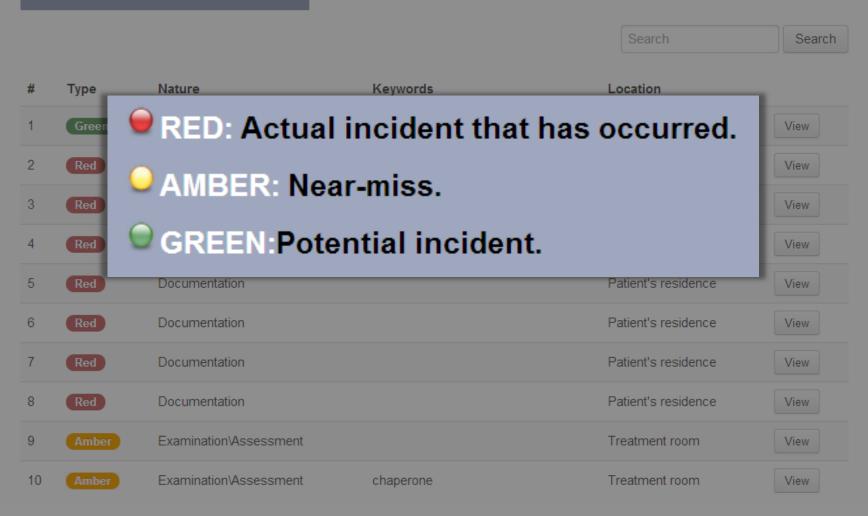
Accept

Decline

Keywords Location Type Nature Green Documentation TEST Patient's residence View 2 Red Documentation Patient's residence View 3 Documentation dfgdfgf dfg dfgdf gdf g Patient's residence Red View Red Documentation Patient's residence View 4 5 Red Documentation Patient's residence View 6 Red Documentation Patient's residence View 7 Red Documentation Patient's residence View Documentation Patient's residence 8 Red View 9 Examination\Assessment Treatment room View Amber 10 Amber Examination\Assessment Treatment room chaperone View

Search

Search



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Search

Search

#	Туре	Nature
1	Green	Documentation
2	Red	Documentation
3	Red	Documentation
4	Red	Documentation
5	Red	Documentation
6	Red	Documentation
7	Red	Documentation
8	Red	Documentation
9	Amber	Examination\Ass
10	Amber	Examination\Ass

Examples of Events

Below are some examples of the types of actual or potential events that would be appropriate for reporting. This list is intended to give you an idea of some of the things you might report but it is not exhaustive. The categories are the same as the ones used in the online reporting form so this may help you to decide which category your report fits into.

Documentation	Examination/	Treatment/	Accidents/	Personal practitioner
	Assessment	Management	Equipment/	adverse experience
			Infrastructure	
Patient record	Failure to examine	Patient experienced	Patient trip/fall	Untoward advances
incomplete	all relevant areas	post-treatment		from a patient
	connected with	distress	Patient unable to	
Patient record	patient's history and		contact clinic in an	Patient fixation on
illegible	symptoms	Patient experienced	emergency	practitioner/Stalking
		post-treatment pain		
Failure to take a	Incorrect diagnosis		Clinical equipment	Verbal abuse from a
case history		Wrong positioning of	malfunction, e.g.	patient
	Investigation	patient during	treatment couch	
Failure to take	undertaken to	treatment		Aggressive behaviour
notes	detriment of patient,		Failure to use	from a patient
on a new episode	e.g. adverse event	Patient experienced	equipment	
for a returning	following assessment	significant post-	appropriately, e.g.	Violent behaviour
patient		treatment effects, e.g.	ultrasound equipment	from a patient
	Significant pathology	neurological		
Failure to	missed	symptoms	Health and Safety	Patient under the
document			measures inadequate	influence of alcohol
assessments and	Case history	Patient experienced		or recreational drugs
findings	inadequate, missed	permanent harm after	Failure to dispose of	
	secondary condition	treatment	sharps and clinical	Infectious/contagious
Failure to			waste appropriately in	patients, e.g. fungal
document	Failure in referral	Patient experienced	treatment room	infections, scabies,
diagnosis	process	negative effects during		impetigo
		treatment, e.g. rib	Failure to dispose of	
Failure to	Patient not offered	fracture	sharps and clinical	Practitioner safety at
document	gown for		waste appropriately	home visits

				Search	Search
#	Туре	Nature	Keywords	Location	
1	Green	Documentation	TEST	Patient's residence	View
2	Red	Documentation		Patient's residence	View
3	Red	Documentation	dfgdfgf dfg dfgdfg dfgdf gdf g	Patient's residence	View
4	Red	Documentation		Patient's residence	View
5	Red	Documentation		Patient's residence	View
6	Red	Documentation		Patient's residence	View
7	Red	Documentation		Patient's residence	View
8	Red	Documentation		Patient's residence	View
9	Amber	Examination\Assessment		Treatment room	View
10	Amber	Examination\Assessment	chaperone	Treatment room	View

Amber Incident

User Type:	Practitioner			
Patients Age:	Under 16			
Patients Gender:	Male			
Location:	Treatment room			
Nature of the incident:	Examination\Assessment			
What happened:	Young male patient arrived with a painful knee following a game of football, seeking assessment. Unfortunately he was under 16, and unaccompanied. I explained to him that I would be unable to assess him fully without an adult chaperone was able to walk and not in distress, so I suggested that he went home and asked his parents/guardians to return with or accompany him to the local hospital's minor injuries department.			
Why and how it happened:	No chaperone available in my clinic.			
Actions taken:	Unfortunately I am unlikely to be able to provide a regular chaperone. Perhaps signage on the door of clinic may help clarithis situation for patients.			
Five key words:	chaperone			
Patient harmed?	Don't Know			
Incident Avoidable?	Yes			
Past occurrences of such incident:	Once before			
Practitioners actions/inactions responsible?	Unlikely			
Further information:				
Date & Time Form Submitted:	29/08/2014 11:48:39			

Why and how it happened:	No chaperone available in my clinic.					
Actions taken:	Unfortunately I am unlikely to be able to provide a regular chaperone. Perhaps signage on the door of clinic may help clarify this situation for patients.					
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Further information:						
Date & Time Form Submitted:	29/08/2014 11:48:39					
Comi	ments					
Help by leaving a co	omment					
Submit Report						

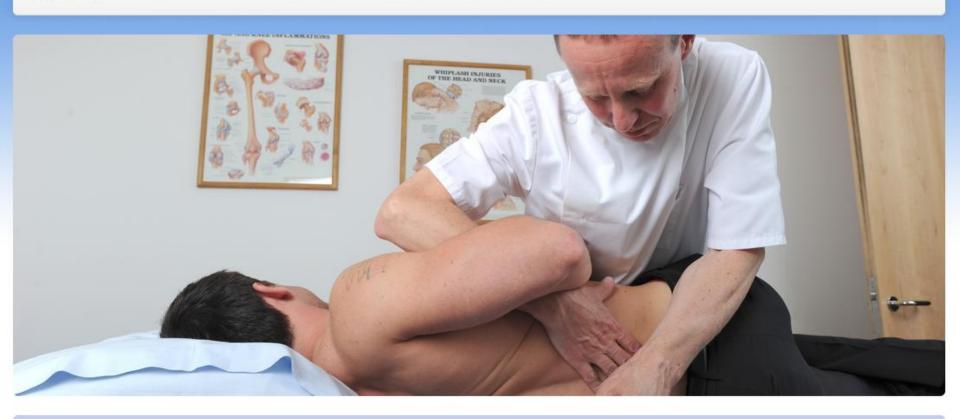
This is a situation I've encountered a handful of times in my clinic over the past 12 years. As you suggest, I've placed a clearly visible sign on my door, and this does seem to have reduced the number of these incidents. Perhaps you could have telephoned the boy's parents there and then to see if they could attend at the time? It's a shame you weren't able to fully assess him, since he may have had an injury that was more serious than it first appeared. You could perhaps have phoned him or his parents later to check up on his progress.



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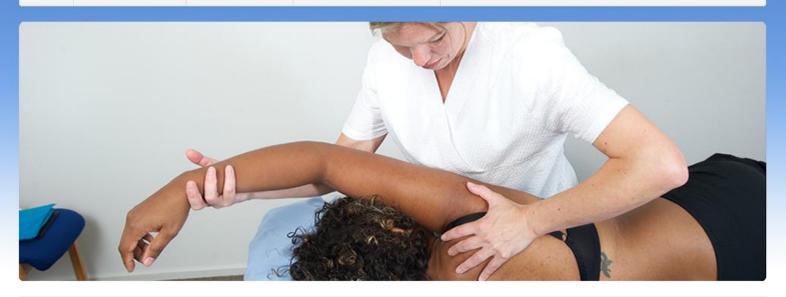


Patient Reported Experiences of Osteopathic Services

ncorpreos.org.uk







Patient Reported Experiences of Osteopathic Services (PREOS)

The PREOS site has been designed to enable patients to anonymously report their experiences of osteopathic care. This is done online with a user-friendly process. The information gathered from these reports will be analysed by the research team at the <u>National Council for Osteopathic Research (NCOR)</u>. Any trends in reporting will be fed back anonymously to the osteopathic profession to improve patient care. We will build on the positive aspects of care and to help avoid future occurrences of poor experiences or adverse events.

These reports are published on the NCOR website.

About us

NCOR work in research ranges from directly carrying out research projects to disseminating research findings to the osteopathic community, osteopathic patients, other healthcare providers and the general public.

Read more »

Why reporting?

Collecting patients. reports on adverse events in this central way can help us gain a clearer understanding of the type of adverse events that occur, why they arise, how often they happen, and how we can avoid them in future.

Read more »

Privacy

We know how important your privacy and anonymity is, that's why the information provided on this website will always be stored securely within the reporting system's database, which is independent from the NCOR website

View details »





Terms and Conditions

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- This platform has been created to enable patients to report and discuss adverse events relating to osteopathic treatment in order that
 practitioners can continue to learn about patients' experience(s) of osteopathy, patient safety, and risks associated with osteopathic care.
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I accept

Return to Home





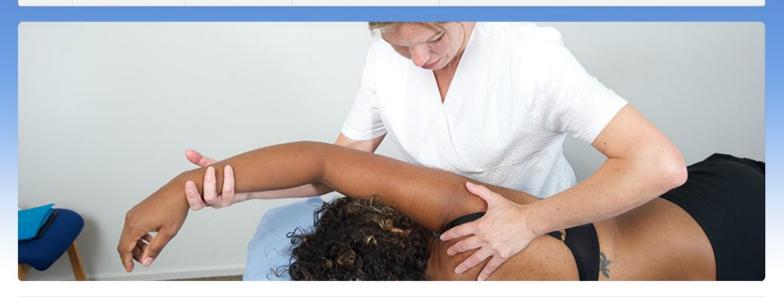
ome	Reporting Guide	Submit a report	Security and anonymity	Abo
Who are	you?(please tick one)		
Patient				
Relative				
Friend				
Carer				
Other				
Prefer n	ot to say			
2. What wa	as the age of the pati	ent at the time of the	experience? (please select	one)
41-50 yea	ars •			
)		
	your sex? (please tick	(one)		
Male				
Female				
Prefer n	ot to say			
4. What is	your location? (pleas	e select one)		
20 000 000	your roomon. (preds			
Scotland				
5. Which s	tage of care are you	providing feedback	about? (Please tick as many a	s apply)
Availabi	lity/access			
■ Your dia	ignosis			
Your tre	atment			
■ Being di	scharged			
Ongoing	g/follow-up			
Other				

Availability of staff
Delivery of service
Co-ordination of care between osteopaths
Premises
Equipment
Hygiene of the building in general
☐ Hygiene of the treatment room
☐ Hygiene of the practitioner
Communication with the osteopath
Communication with the receptionist
▼ Treatment reaction
✓ Outcome of treatment
☐ Your notes/records
☐ Practitioner availability
Abuse by osteopath
☑ Unknown
Other
7. Please give us some feedback about your experience of the above ticked boxes? The osteopath wrenched my neck, producing a loud cracking noise. This took me by surprise. The next day I awoke with tingling in my right hand. This has now progressed to being quite painful, and my doctor has referred me to a neurologist.
8. Please describe your ethnic origin. We ask this because it is helpful for us to know more about you to improve care for everyone. Asian or Asian British
Asian or Asian British
Asian or Asian British Indian
Asian or Asian British Indian Pakistani
Asian or Asian British Indian Pakistani Bangladeshi
Asian or Asian British Indian Pakistani Bangladeshi Asian Other

O Asian Other
Black or Black British
○ Caribbean
O African
O Black Other
Mixed State of the Control of the Co
 White and Black Caribbean
 White and Black African
○ White and Asian
Mixed Other
White
White British
White Irish
White Other
Chinese or other ethnic group
○ Chinese
Other
I do not wish to disclose this information
9. Do you have any of the following known/diagnosed impairments or disabilities? We ask this because it is helpful for us to know more about you to improve care for everyone.
Learning difficulty (ies)
Physical disability (ies)
Sensory impairment(s)
■ No impairment(s)/disability(ies)
I do not wish to disclose this information
10. To help us prevent spam please type the text shown:







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