Turning Complaints into Catalysts

2026 Ohio Hospital Association (OHA) Annual Meeting & Education Summit

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Session Objectives

Reframe the Perspective

Demonstrate how patient complaints function as leading indicators for safety & quality improvement

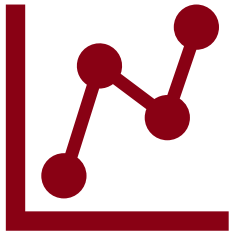
Standardized Framework

Present a complaint resolution framework to ensure compliance, consistency, and reduce liability

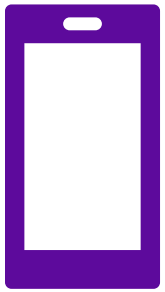
Enhance Communication

Equip staff with EBP strategies to effectively close the loop with complainants and restore trust.

Engaging You in the Conversation



Live polling



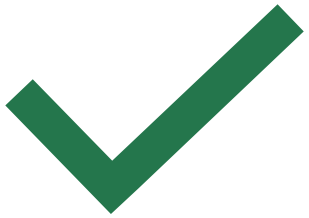
Respond via your phone

Compare current practices across the room

Reframe the Narrative

What if complaints were assets?

Early warnings



Preventable risk

Actionable insight

From Reaction to Prevention – A shift in thinking

Old Approach

Document

Defend

Close

New Approach

Detect

Intervene

Improve

Complaints as leading indicators

Early Warning Signs Of Safety

Communication Breakdowns

System Vulnerability

Case Study – Call Lights

- Cluster of complaints in a specific unit
- Complaint is the same over and over again
  - Nurses are not responding to call lights
  - Patients and families are saying they aren’t getting the help they need
  - Patients and families are saying they can’t get updates on POC

What Complaints Are Really About

Misaligned Expectations

Communication Breakdowns

Feeling Unheard

Why complaints matter in Ohio

Complaints Are a Regulatory Event — Not Just Feedback

- Ohio Department of Health oversight
- CMS Conditions of Participation
- Joint Commission reporting pathways
- And all other myriad of complaint intakes:
  - Post-discharge summaries
  - Social media
  - Insurance company inquires
  - Billing
  - Complaint forms/boxes

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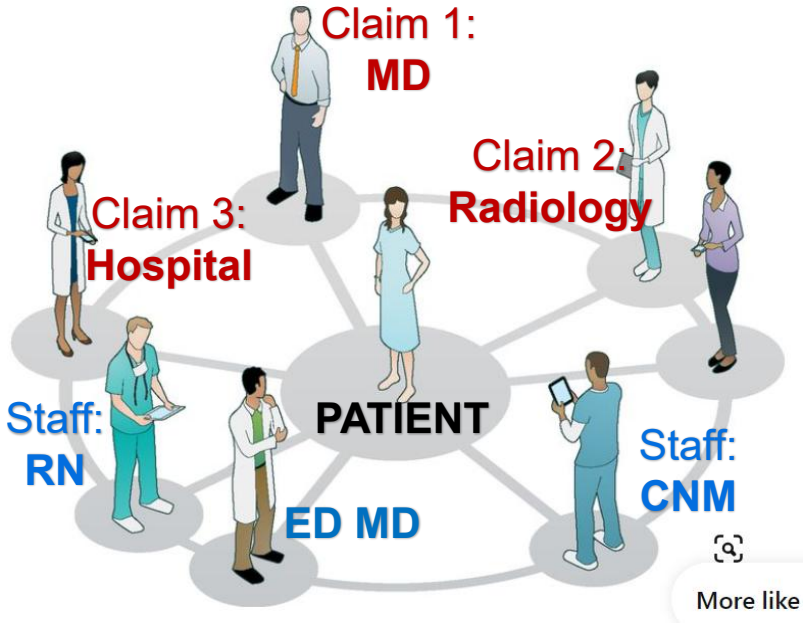
Coverys Clinical Data

What makes Clinical Data Analytics Different

Regardless of litigation outcomes, this data focuses on the gaps in clinical care that lead to mis-steps and/or harm, providing the insights needed to focus solutions on the real root causes driving claims

- **All claims** (multiple defendants) associated with a specific **patient experience** are collapsed into a single clinical event. (1 patient = 1 event)
- **Additional** (non-defendant) **providers / staff** are included if actions contributed to the care event
- **Experienced clinicians** capture / categorize multiple details from the claims file e.g., medical records, depositions, expert reports, trial documents.
- **Data is analyzed by numerous clinical and financial** attributes such as event type, procedure, outcomes, risk factors, payments.



Multiple providers/care givers
1 patient = 1 event

Coverys Analytic Methodology

Clinical Analysis of MPL claims provides insights:

Uncover
root causes
of the specific risks and errors driving harm and claims

Connect
patterns
not otherwise seen in local / single data sets

Compare
trends
across services or sites to prioritize needs

Engage
leadership
and providers with validating insights for real risk solutions

The Data - Patient Dissatisfaction Lens

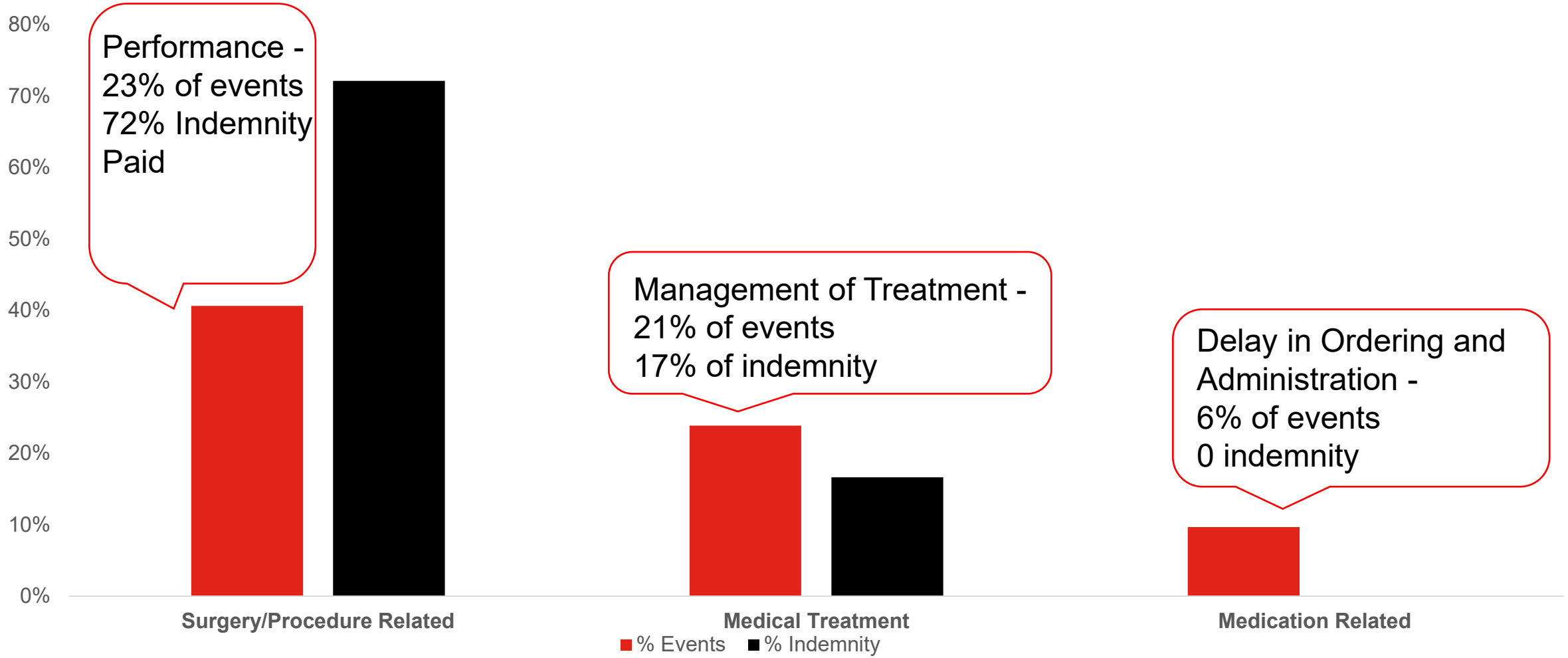
155 Closed MPL events over **5 Years** (2021–2025) with **Patient Dissatisfaction** Issue

Analyzed by event type, service, severity, injuries, comorbidities & risk issues

Goal: Identify opportunities to improve safety, systems and risk strategies

Top Event Type Categories

Patient Dissatisfaction



Selection: N= 155 events closed from 2021-2025 with a patient dissatisfaction risk issue

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Top Clinical Services:

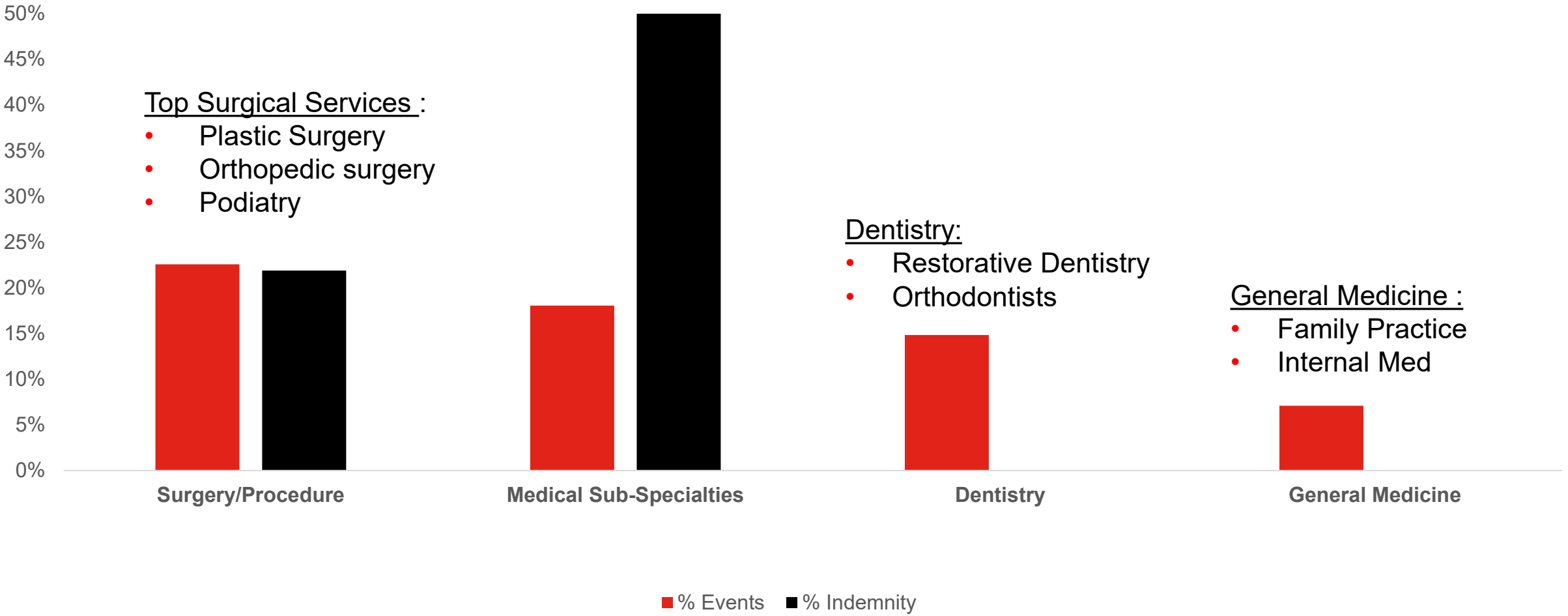
- Surgery accounts for 23% of events.
- Med-specialties account for 65% of indemnity paid.

Top Medical Sub-Specialties :
- Cosmetic
- Dermatology
- Fertility/Reproductive Medicine

Top Surgical Services :
- Plastic Surgery
- Orthopedic surgery
- Podiatry

Dentistry:
- Restorative Dentistry
- Orthodontists

General Medicine :
- Family Practice
- Internal Med



Selection: N= 155 events closed from 2021-2025 with a patient dissatisfaction risk issue

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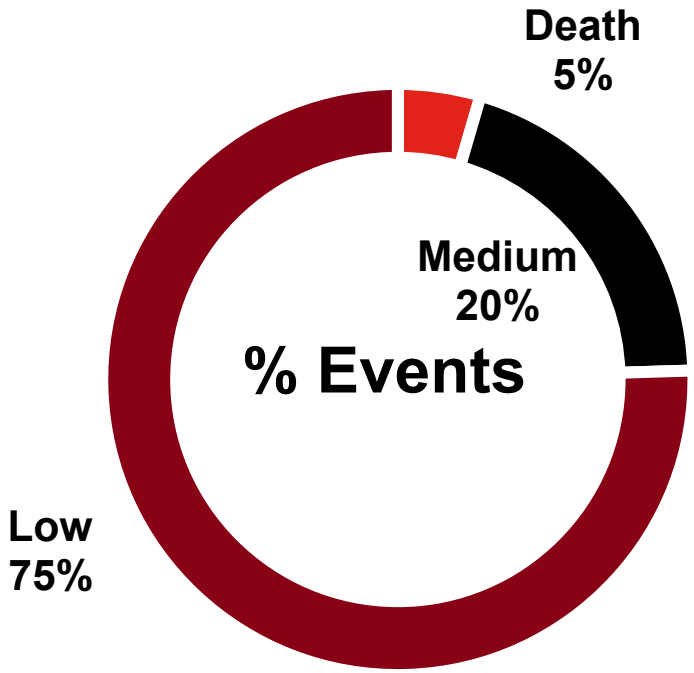
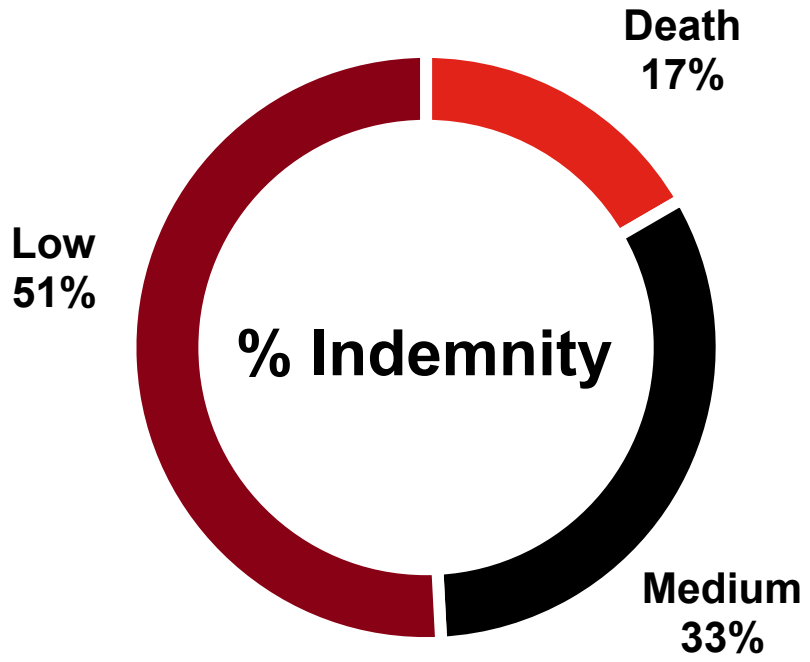
Clinical Severity

Patient Dissatisfaction





 Selection: N= 155 events closed from 2021-2025 with a patient dissatisfaction risk issue

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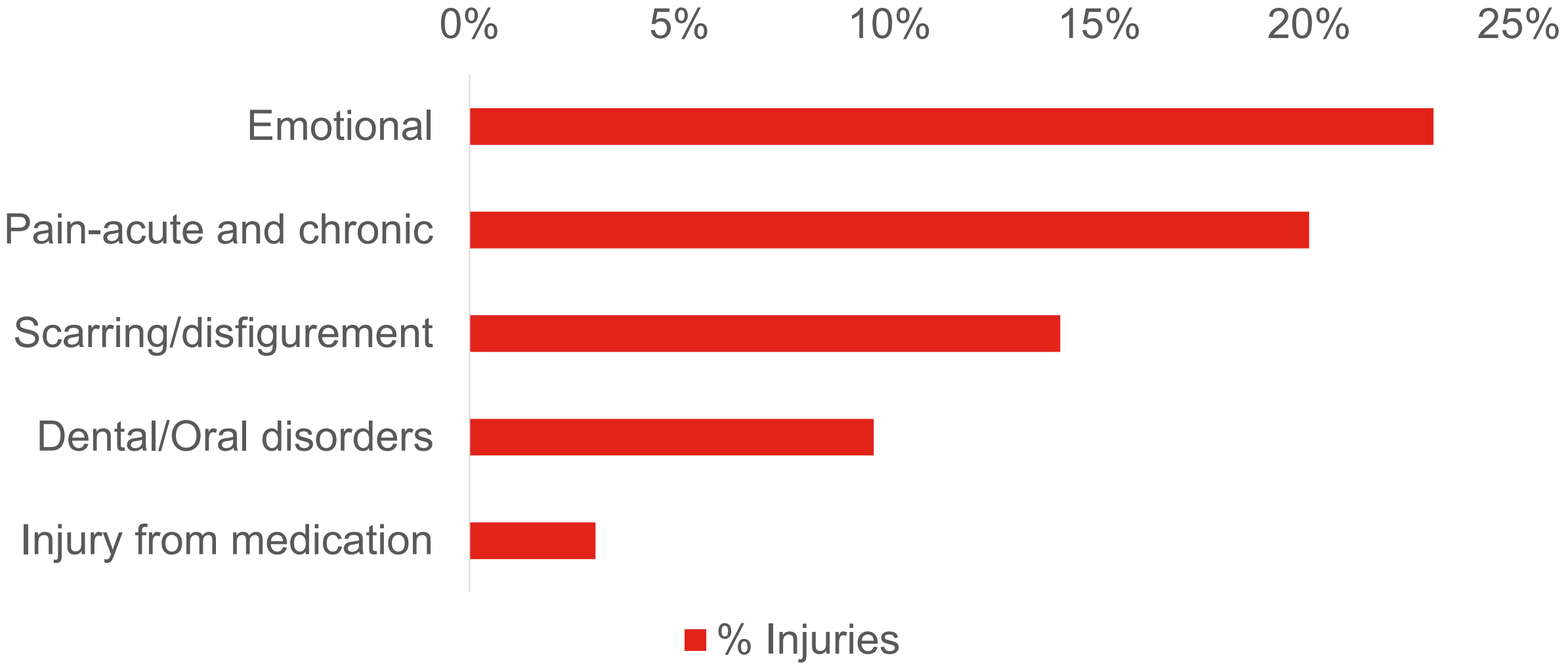
Top Injuries Sustained

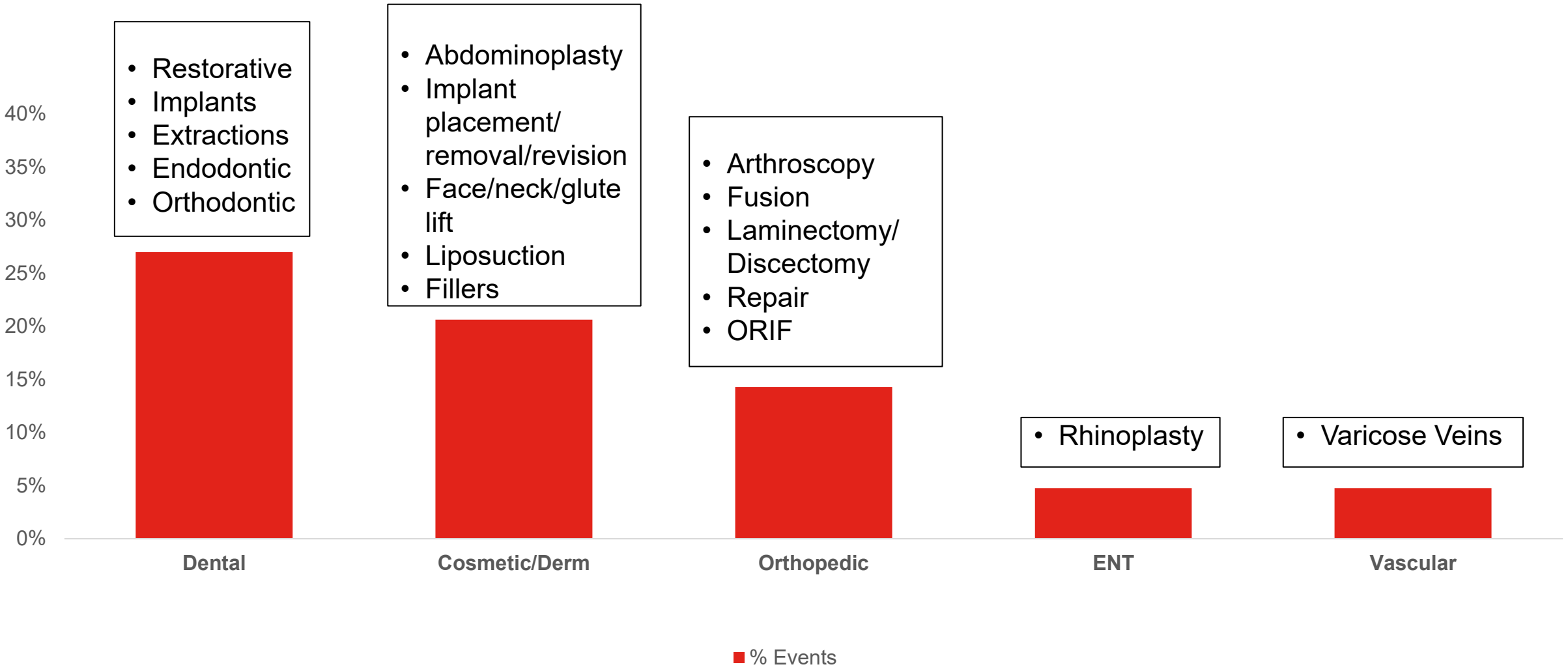
Patient Dissatisfaction



Selection: N=135 injuries on 155 closed PL events from 2021-2025 with a patient dissatisfaction risk issue
Footnote: An event can have more than one injury coded

Top Procedure Categories: Surgery/Procedure Related Events

Patient Dissatisfaction



Selection: N= 63 surgeries/procedures on 63 surgery/procedure events closed from 2021-2025 with a patient dissatisfaction risk issue

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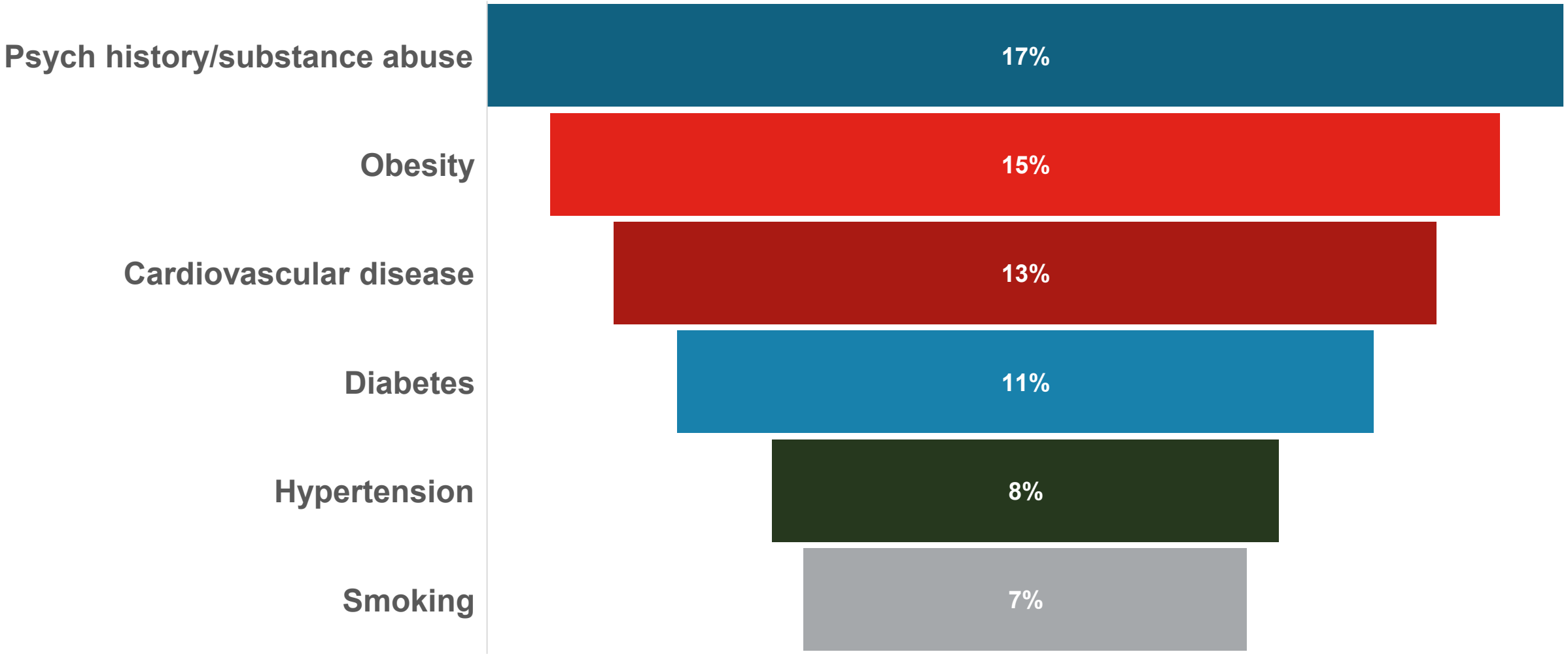
Top Comorbidities

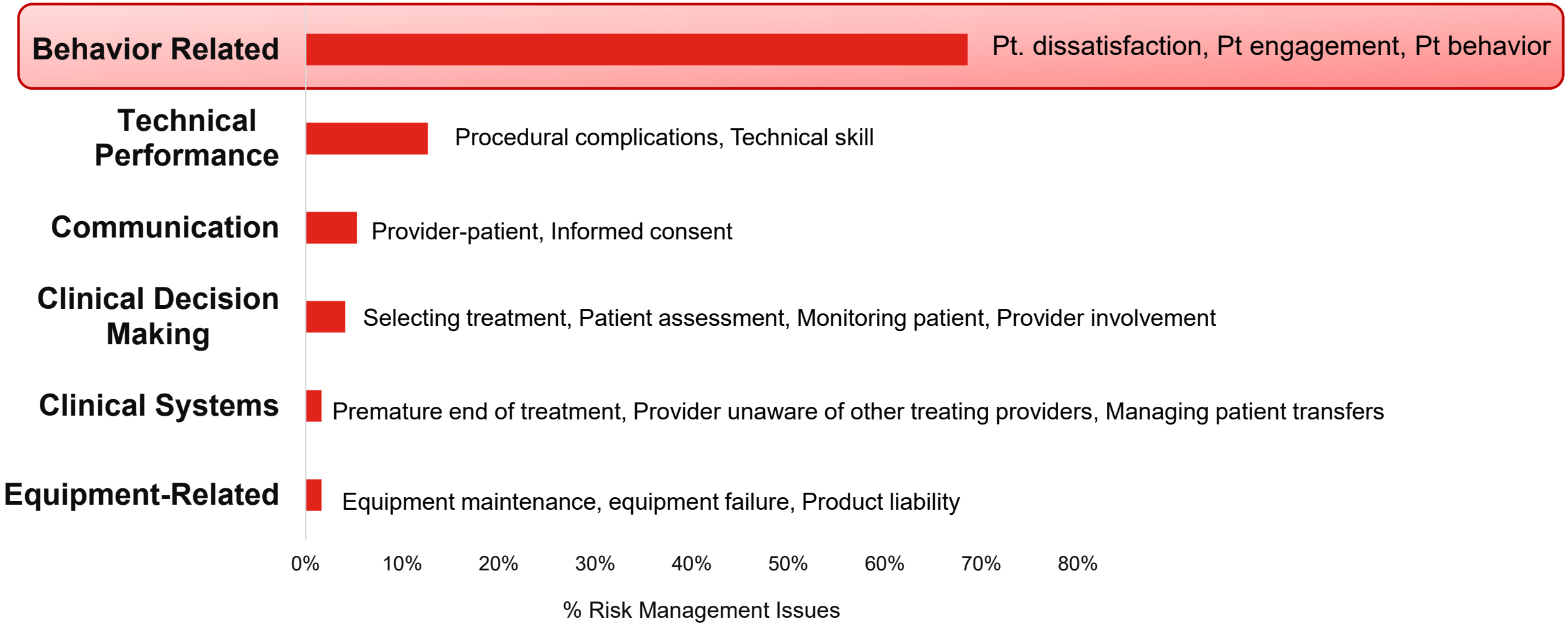
Patient Dissatisfaction



Selection: N=101 comorbidities on 155 closed PL events from 2021-2025 with a patient dissatisfaction risk issue
Footnote: An event can have more than one comorbidity coded

Top Risk Management Categories

Patient Dissatisfaction



Selection: N=245 risk issues on 155 closed PL events from 2021-2025 with a patient dissatisfaction risk issue
Footnote: An event can have more than one risk issue coded

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Data Insight: Expectation Failure ≠ Clinical Failure

Your Highest-Leverage Intervention Point

26%
of all indemnity from Aesthetic complaints

23%
of injuries are Behavioral / Emotional

#1
Root cause: Misaligned patient expectations

The Catalyst: Close the Expectation Gap

- Standardized expectation setting protocols before/after consultations
- Visual outcome tools
- Procedure specific informed consent

These aren't clinical quality failures; they're **expectation gaps**.

Data Insight: Low Severity ≠ Low Stakes

Emotional Injury Demands a System-Level Response

75%
of events are low-severity

51%
of total indemnity

- 65% of events carry at least one comorbidity— psychiatric history, substance abuse, chronic conditions
- Layered failures are the norm: **1.6 RM issues per event** (complication + communication gap + billing dispute)

The Catalyst: Patient Vulnerability Amplifies Risk

- Vulnerability flagging system
- Enhanced communication
- Coordinated resolution

Data Insight: Zero-Indemnity ≠ Zero Risk

Your Early Warning System — Don't Ignore Them

Average Indemnity paid = $52K

Same root causes as costly events:

- Communication breakdowns
- Administrative friction
- Clinical decision-making gaps

The Catalyst: Learn Before It Gets Expensive

- Track zero-indemnity grievances as leading indicators.
- Route to quality improvement
- Train staff before escalation

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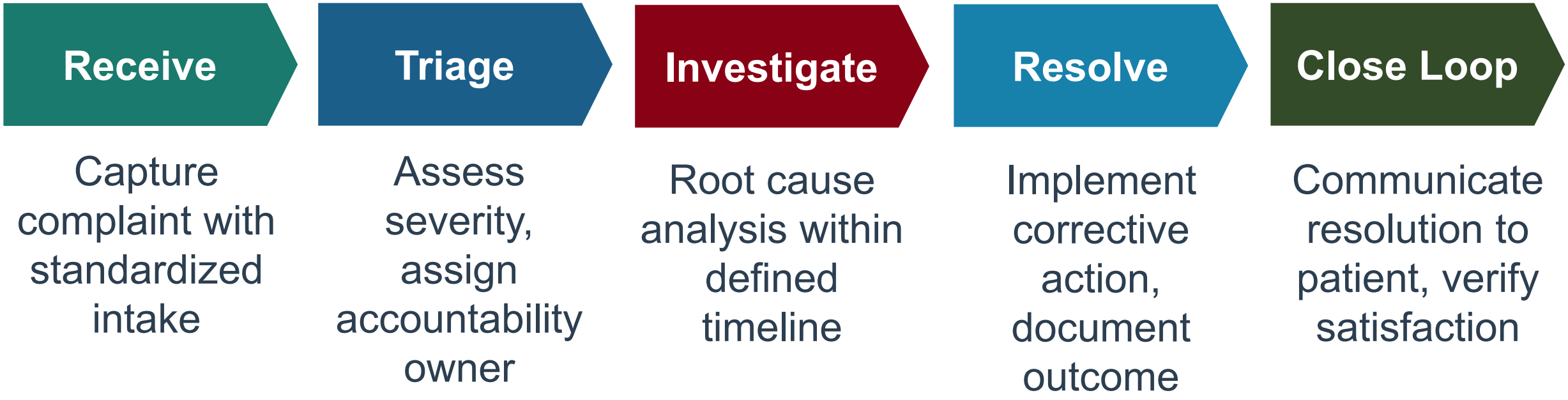
The Resolution Framework From Complaint to Catalyst — A Standardized Approach

Standardized Complaint Resolution Framework



Key Principles: Clear accountability at each stage

- Defined timelines for compliance
- Consistent documentation
- Reduced liability exposure
- If early resolution program in place, utilize it

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WHY STANDARDIZATION MATTERS

Consistency Protects Everyone

- Consistent intake and triage process
- Predictable response
- Reduced variability
- Lower liability exposure

Closing the Loop

Silence escalates risk faster than any clinical error

Acknowledge

- Timely human response
- Empathy before explanation

Explain

- Transparent, jargon-free explanation

Act

- Describe actions take
- Utilize early resolution options

Follow Up

- Proactive contact
- Clear next steps

Early Resolution

If you have it – Use it

Speed Matters

Low Severity ≠ Low Risk

Resolution Beats Defense

From Complaint Handling to Risk Intelligence

Complaints tell you where to look next

- Complaints are safety signals
- Standardization reduces risk
- Communication drives outcomes
- Learn early—or pay later

A complaint isn't the end of the story: IT'S THE BEGINNING

What we do with complaint data after resolution determines whether it disappears or drives real change

Capture it

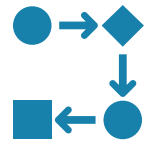
Structured, consistent, every time

Learn from it

Trend, classify, ask why

Share it

Right people, right time



Act on it

Close the loop, track outcomes

Complaint/Grievance Data as a Catalyst

- **Complaints become early warning signals**
- **Staff feel psychologically safe and speak up more, not less**
- **Leadership gains real-time, data driven accountability**
- **Patients feel heard and scores reflect it**

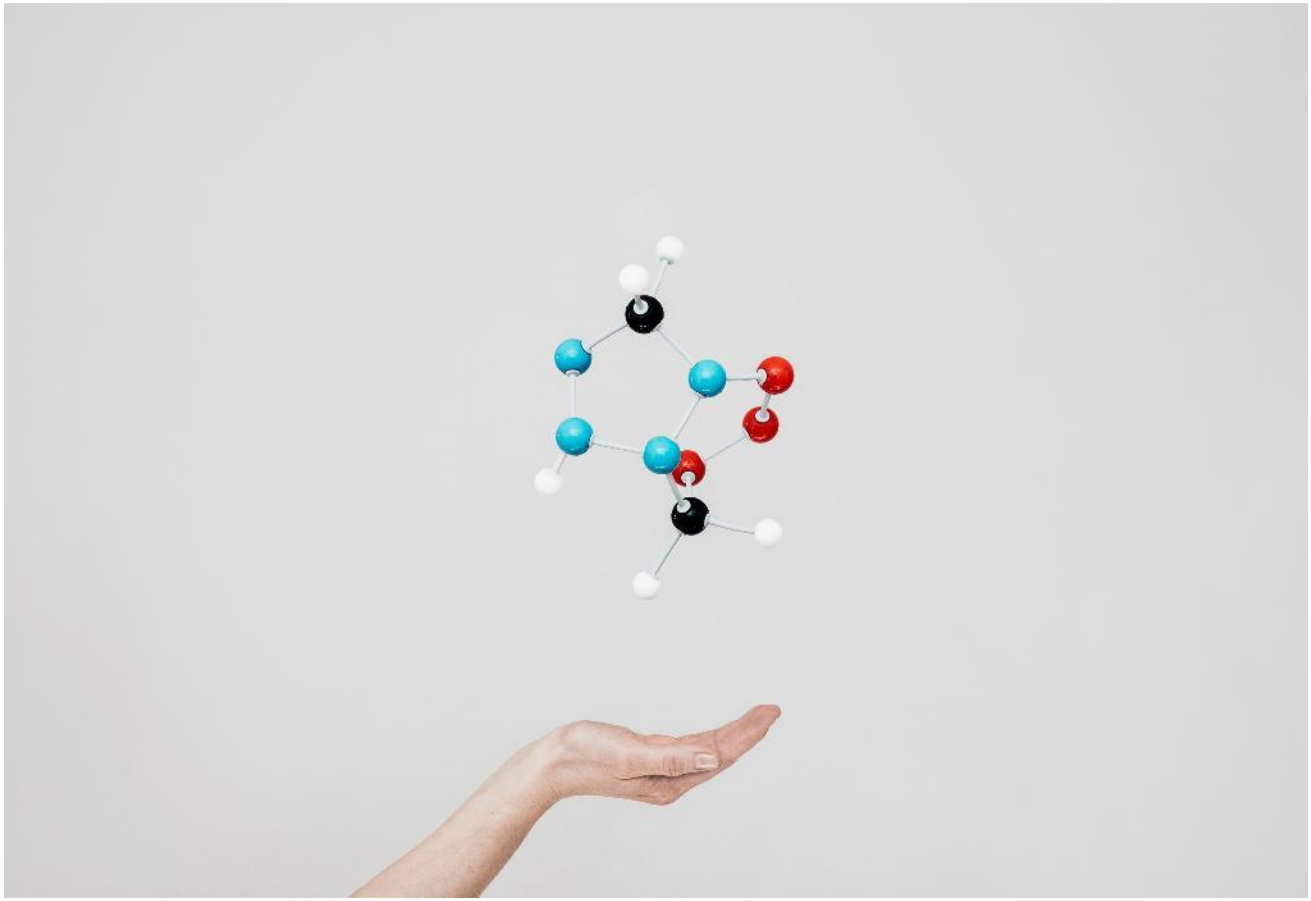
THE BOTTOM LINE
Organizations that treat complaint data as strategic intelligence — not administrative burden are measurably:

- Safer
- Accountable
- Mitigating risk

Questions and Discussion

Safer care starts before harm occurs

The organization that learns from the complaints that cost nothing today is the one that prevents the claims that cost everything tomorrow.



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Glossary

Event Type Categories

Major Event type is assigned to the claim based on the most important theme identified by the clinical coder upon reviewing claim file documentation. An additional Event type or “theme” can be captured when applicable.

- **Anesthesia** – related to administration of anesthesia
- **Communication** – related to communication among providers and with patients
- **Diagnosis** – used to identify issues involving patient diagnosis such as H&P, test ordering, and referral management.
- **Medical Treatment** – related to all non-procedural treatments including failures, delays and unnecessary care
- **Medication** – related to ordering, dispensing, administering and monitoring of medication (exclusive of anesthesia)
- **Obstetrics** – related to pregnancy and birth-related allegations
- **Other** – used for issues of Bad Faith, Antitrust, as well as uncodeable code for files with limited information
- **Patient Monitoring** – involve monitoring of physical condition, treatment, post-operative care and failure to prevent elopement
- **Patient Environment/Safety** – include patient and visitor falls, as well as infection control
- **Surgery/Procedure** – related to surgical and procedural issues including performance, delays, positioning, retained objects, wrong side/site/patient and unnecessary procedures

Clinical Severity

Injury Severity Codes were adopted from the National Association of Insurance Commissioners (NAIC). One Injury Severity is selected for each event.

LOW

- **Emotional Injury Only** - No physical injury. Examples**:** Fright, wrongful birth, HIPPA violation
- **Insignificant** - Patient can be treated and released; no delay in recovery. Examples: Contusion (ex: from fall), minor laceration, rash
- **Minor Temporary** - Patient's recovery is delayed and requires additional treatment without complications. Examples**:** Minor surgical wound infection, missed non-displaced fracture

MEDIUM

- **Major Temporary** - Injury causing delay in recovery; additional surgery or long treatment regimen needed. Examples**:** Ruptured appendix w/peritonitis, retained surgical sponge
- **Minor Permanent** - Permanent, non-disabling injuries, including loss or damage to organs. Examples**:** Loss of testicle, injury to bowel during surgery requiring repair
- **Significant Permanent** - Permanent injury affecting daily function. Examples**:** BKA (loss of one leg), loss of vision in one eye, Erb's palsy

HIGH

- **Major Permanent** - More severe permanent injury affecting daily function. Examples**:** Blindness (both eyes), paraplegia, bowel injury requiring permanent colostomy
- **Grave** - Most serious permanent injury that patient survives, but results in severe brain damage, fatal prognosis or need for life long care. Examples**:** Severe cerebral palsy; vegetative state; untreatable, widespread metastatic cancer

DEATH

- **Death** - Event resulted in death of claimant

Risk Management Issues

Risk Management codes define a broad area of patient safety concerns which may have contributed to patient injuries. Codes are determined by the clinician who reviews the event file. Up to five Risk Management Issues may be selected for an event.

- **Administrative** – relates to issues involving policies, procedures, access to care, infection control and staffing
- **Behavior-Related** – involves issues with unusual or inappropriate behavior on the part of patients or physicians including patient engagement
- **Clinical Decision Making** – relates to medical decision making used to provide adequate diagnosis and treatment of patients, failure to ensure patient safety, patient monitoring and referral management issues
- **Clinical Systems** – issues related to process and systems that support patient care, such as test result management, patient follow-up and coordination of care
- **Communication** – issues involving explicit failures of communication between all types of clinicians, as well as communication with patients and family
- **Equipment** – includes failure, malfunctions, inspections and training issues related to equipment
- **Electronic Health Record** – issues related to the electronic medical record, documentation issues, including system design, system set-up, system conversion, paper-EHR hybrid records and user related issues
- **Human Factors** – the area focused on the behavioral, contextual and conceptual characteristics that can contribute to error
- **Medication** – involves issues related to ordering, dispensing, administering and monitoring of medication (exclusive of anesthesia)
- **Pandemic/Epidemic** – relates to exposure/ infection or other conditions or care affected as a result of a pandemic or epidemic outbreak
- **Supervision** – includes supervision of residents, fellows, advanced practice providers, nurses and administrative staff
- **Technical Performance** – includes technical performance of a surgery, clinical decision-making during surgery, retained objects, skill issues and misuse of equipment
- **Telehealth** – relates to issues with remote access of health care services that may include patient to provider, or provider to provider virtually by means of digital communication and technologies such as computers and mobile devices