

Knowledge about SUSALUD and other factors associated with filing complaints due to patient care issues at a national hospital in Lima, Peru 2019

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Short title: Knowledge about SUSALUD

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ABSTRACT

Introduction: There is little evidence regarding the knowledge of the National Superintendence of Health (Superintendencia Nacional de Salud, SUSALUD), and health rights. The objective of this study was to determine the factors associated with filing complaints in patients treated at a Level III-1 health facility of the Ministry of Health (MINSA) in Lima 2019.

Methods: Cross-sectional study on Internal Medicine patients treated at a Level III-1 health facility of MINSA, Lima, Peru in 2019. We used a modified survey taken from the complaints and knowledge about SUSALUD section from the questionnaire of the National Health User Satisfaction Survey (ENSUSALUD 2016). Prevalence ratios were estimated through simple and multiple regression.

Results: Of 250 patients, the average age was 52 years and most of them were women (61.2%). Of the total, 37.3% made some health care complaints. The majority of the patients knew about the complaints book (66.4%), but only 30% knew about SUSALUD. Knowing SUSALUD (PR=3.33, CI95%: 1.81-6.11), the right to access health services (PR=1.15, CI95%: 0.41-3.29) and the right to be informed (PR=2.65, CI95%: 1.07-6.60) were associated with a greater frequency of filing health care complaints.

Conclusions: The frequency of complaints due to care problems is high. The knowledge about SUSALUD, the right to access health services and the right to be informed were positively associated with filing any type of complaint.

Keywords: Knowledge, complaints, health care, hospitals (Source: DECS)

INTRODUCTION

In recent years, there has been an increase in complaints and denunciations of inadequate medical practice.^{1,2} This is the result of a better system of complaints, the media, the democratization and free access to information, and, above all, patient empowerment with respect to decisions about their illnesses (the patient has moved from a passive to an active stance). Such empowerment is positive as it improves the quality of medical care.³

Patient dissatisfaction should be considered important as they are tools for improving the quality of health care. For this reason, it is essential to ensure that the complaint process be simple and flexible for patients so that they can share their experiences more easily.⁴

In 2009, the National Superintendence of Health Insurance (Superintendencia Nacional de Aseguramiento en Salud, SUNASA) was created according to Law No. 29344 on the basis of the now defunct Superintendence of Healthcare Providers (Superintendencia de Entidades Prestadoras de Salud, SEPS) - created in 1997 - to supervise the Institutions Providing Health Services (Instituciones Prestadoras de Servicios de Salud, IPRESS) and to regulate the Health Insurance Fund Management Institutions (Instituciones Administradoras de Fondos de Aseguramiento en Salud, IAFAS).⁵ In 2013, the name SUNASA was changed to National Superintendence of Health (Superintendencia Nacional de Salud, SUSALUD) according to Legislative Decree No. 1158, in order to strengthen the functions previously assumed, promote the

right to access health services and regulate the quality of IPRESS services.⁶

In 2016, the third edition of the National health users satisfaction survey (Encuestas de Satisfacción a nivel Nacional, ENSUSALUD) was conducted to assess the functioning of the health system in our country. In addition, that survey describe the perception of external and internal IPRESS users at the national level.⁷ However, the survey has not been administered again since that year, even though there was a tendency to apply it for consecutive years (2014, 2015, 2016).

Therefore, the objective of this study was to evaluate the knowledge about SUSALUD and other factors associated with filing complaints due to health care problems of patients treated at a national hospital in Lima, Peru 2019.

MATERIALS AND METHODS

Study design: The study was analytical and cross-sectional and the information was collected through a modified survey based on the first questionnaire of the National Health Users Satisfaction Survey, 2016 (ENSUSALUD 2016), which was aimed at outpatient users and evaluated their level of satisfaction. The used parts of the survey were the section IX "Complaints" and section XII "Knowledge about SUSALUD".

Population and Sample: The study population was made up of Internal Medicine patients who were treated at a

Level III-1 health facility of the Ministry of Health (MINSA) in Lima, Peru during the first and second week of July, 2019.

The sample was calculated with the formula for finite populations using the number of patients estimated for that period, taking into account: $Z=95\%$; $p=0.5$; $q=0.5$; $e2 =0.05$. The sample size was calculated to be 250 people, with a 95% confidence level. We used a convenience sampling according to the patient's arrival for his/her appointment.

Only patients who were at the legal age of consent and who were to be treated as outpatients at the Internal Medicine office were surveyed. Those patients who did not accept to collaborate voluntarily with the study were excluded.

Study Procedures: In addition, medical students were recruited and trained to collect the data. The instrument was self-administered to the Internal Medicine patients for approximately 15 minutes. Then, the data were digitized into a database designed with the Microsoft Excel software.

Instrument and variables: The dependent variable was the filing of complaints about patient care. This variable was defined as the patient's self-report to the question whether he or she had filed any complaint about health care in the last 6 months. Additionally, the following aspect was evaluated: 1) whether the patient had had any care problems in the last 6 months. Moreover, we asked these questions: 2) what problems did you have? (If yes to question 1); 3) Where did you file your complaint? Furthermore, they were asked 4) If the problem that had motivated their complaints had been resolved (If yes, in the third question).

On the other hand, the variable regarding knowledge about SUSALUD was operationally defined as the knowledge that the patients had about SUSALUD, and was analyzed through the question "Have you heard or read about the National Superintendence of Health (SUSALUD)?", having "Yes" and "No" as answers.

The knowledge of the health rights law was also evaluated, as well as the knowledge of the following points: 1) Access to health services. 2) To be informed. 3) Access to health care. 4) To be asked for authorization before a procedure.

Other used co-variables were gender, age, education level (primary, secondary, technical, university). Moreover, the knowledge of the complaints book was also analyzed by asking the question "Do you know if there is a complaints book in this facility" with these possible answers: "Yes, there is a complaints book."; "No, there is not a complaints book."; "I do not know if there is a complaints book."; and "I do not know what a complaints book is". This variable was dichotomized into "Yes, there is" (when the answer was yes) and "No, there is not" (when the answer was any of the other three).

The patient's knowledge about the correct place to file a complaint or grievance was also assessed. Among the alternatives to be chosen, we had: 1) Director's Office of the health facility; 2) SUSALUD offices; 3) SUSALUD delegates; 4) Insurance ombudsman; 5) Insurance offices; 6) At SIS (Comprehensive Health Insurance) headquarters; 7) Media; where SUSALUD offices and delegates are the right places to file a grievance or complaint.

Statistical Analysis: STATA v.15.0 statistical software was used. Categorical variables were presented in

frequencies and percentages. Numerical variables were reported according to the highest measure of central tendency and dispersion.

A bivariate analysis was carried out to estimate the factors associated with making a complaint using the Chi-square test of independence and Student's T-test for categorical and numerical variables, respectively. We worked with a significance level of 5%.

Simple and multiple regression were analyzed using generalized linear models (GLM), Poisson distribution, log-link function. Prevalence ratios (PR) and 95% confidence intervals were estimated. P values less than 0.05 were considered statistically significant.

Ethical Considerations: This research has been reviewed and approved by the Ethics Committee of Norbert Wiener University (NWU) in Lima. The surveys were anonymous and codes were used to preserve confidentiality in the obtained database.

RESULTS

Of 250 patients surveyed, 61.2% were female and the average age was 52.4 years. Forty-four percent reported some health care problems, most of which was due to delayed care (33.6%). Also, 37.3% made a complaint due to a health care problem and most of them made it to the management of the health facility (61.0%). Table 01.

Table 02 shows the results for the questions regarding the knowledge about SUSALUD. Most of the sample knew the existence of the complaints book (66.4%). Only 6.4% knew the correct place to file a complaint about a health care problem. Thirty percent had heard or read about SUSALUD and most of them (77.6%) mentioned that they knew that, according to law, they have health rights.

In table 03 we observed 26.2% more patients who had filed a complaint and who knew about SUSALUD than those who did not know about the institution, and this was statistically significant (34.3 vs. 8.1%, $p<0.001$). In addition, the level of education ($p<0.001$), the knowledge about health rights in regard with access to health services ($p=0.003$), information ($p=0.007$) and knowledge about the right to care ($p=0.042$) were associated with filing complaints.

In the simple regression analysis, the factors associated with filing a complaint were a higher technical education (PR=4.10, 95% CI: 1.64-10.23), knowing about SUSALUD (PR=4.26, 95% CI: 2.35-7.72), the knowledge of the right to access health services (PR=3.44, 95% CI: 1.40-8.49) and the knowledge of the right to be informed (PR=3.39, 95% CI: 1.29-9.21). In the multiple regression analysis, the association was proven as well as in the simple regression, except for the educational level. The frequency of making a complaint was 233% higher in those who knew about SUSALUD compared to those who did not (PR=3.33, CI95%: 1.81 - 6.11). Similarly, it is more frequent to report complaints in patients who knew about the right to access health services (PR=1.15, CI95%: 0.41 - 3.29) and to be informed (PR=2.65, CI95%: 1.07 - 6.60). Table 04.

Table 1: Characteristics of outpatients treated at the Internal Medicine area at Dos de Mayo National Hospital, July 2019

characteristics		N (%)
Gender		
	Male	97 (38.8)

Knowledge about SUSALUD and other factors associated with filing complaints due to patient care issues

	Female	153 (61.2)
Age (years)*		52.4 ± 15.47
Level of education		
	Primary	54 (21.6)
	Secondary	116 (46.4)
	Technical	44 (17.6)
	University	36 (14.4)
Health care issues in the last 6 months		
	No	140 (56)
	Yes	110 (44)
Type of issues		
	Denial of emergency care	1 (0.9)
	Mistreatment	16 (14.5)
	Insurance does not cover all specialties	6 (5.5)
	Lack of medicines	19 (17.3)
	Noncompliance with appointment or surgery scheduling	20 (18.2)
	Delayed care	37 (33.6)
	Others	11 (10.0)
Did you file a complaint?		
	No	69 (62.7)
	Yes	41 (37.3)
Where did you file the complaint?		
	Director's Office of the health facility	25 (61.0)
	SUSALUD Office	6 (14.6)
	Insurance Ombudsman	2 (4.9)
	Insurance Office	3 (7.3)
	SIS headquarters	1 (2.4)
	Media	4 (9.8)
Do you think the problem which motivated the complaint was resolved?		

	Totally	1 (2.4)
	Partially	20 (48.8)
	Not at all	20 (48.8)
* Mean ± standard deviation		
SIS: Seguro de Salud Integral (Comprehensive Health Insurance)		
SUSALUD: National Superintendence of Health		

Table 2. Knowledge about SUSALUD in outpatients treated at the Internal Medicine area at Dos de Mayo National Hospital, July 2019

Characteristics	N (%)	
Knowledge about the complaints book		
	No	84 (33.6)
	Yes	166 (66.4)
Appropriate place to file a complaint		
	No	234 (93.6)
	Yes (SUSALUD offices and delegates)	16 (6.4)
Knowledge about SUSALUD		
	No	175 (70.0)
	Yes	75 (30.0)
Knowledge about health rights according to the law		
	No/no response	56 (22.4)
	Yes	194 (77.6)
Knowledge according to type of health rights		
	Access to health services	167 (66.8)
	To be informed	181 (72.4)
	Care	185 (74.0)
	Explanation and authorization before any procedure or surgery	213 (85.2)
SUSALUD: National Superintendence of Health		

Table 3. Factors associated with filing a complaint in patients treated at Dos de Mayo National Hospital, bivariate analysis

Variables	Did you file a complaint?		p**
	No (n=208) n(%)	Yes (n=39) n(%)	
Gender			0.309
	Male	78 (81.3)	18 (18.8)
	Female	130 (86.1)	21 (13.9)
Age (years)***	52.69 ± 15.94	51.46 ± 13.30	0.652
Level of education			<0.001
	Primary	48 (90.6)	5 (9.4)
	Secondary	104 (90.4)	11 (9.6)
	Technical education	27 (61.4)	17 (38.6)
	University	29 (82.9)	6 (17.1)
Knowledge about book of complaints			0.405
	No	73 (86.9)	11 (13.1)
	Yes	135 (82.8)	28 (17.2)
Appropriate place to file a complaint			0.296
	No	196 (84.9)	35 (15.2)
	Yes	12 (75.0)	4 (25.0)
Do you know about SUSALUD?			<0.001
	No	160 (92.0)	14 (8.1)
	Yes	48 (65.8)	25 (34.3)
Do you know about health rights according to the law?			0.122
	No	50 (90.9)	5 (9.1)
	Yes	158 (82.3)	34 (17.7)
Do you know about the right to access health services?			0.003
	No	78 (94.0)	5 (6.0)
	Yes	130 (79.3)	34 (20.7)
Do you know about the right to be informed?			0.007
	No	65 (94.2)	4 (5.8)
	Yes	143 (80.3)	35 (19.7)
Do you know about the right to care?			0.042
	No	59 (92.2)	5 (7.8)
	Yes	149 (81.4)	34 (18.6)
Do you know about the right to explanation and authorization before a procedure or surgery?			0.681
	No	32 (86.5)	5 (13.5)
	Yes	176 (83.8)	34 (16.2)
** P values estimated with the Chi-squared test of independence			
*** P value estimated with student's t test			
SUSALUD: National Superintendence of Health			

Table 4. Factors associated with filing a complaint in patients treated at Dos de Mayo National Hospital, simple and multiple regression analysis

Variables	Simple regression			Multiple regression**		
	RP	IC 95%	p*	RP	IC 95%	p*
Gender						
Male	Ref.					
Female	0.74	0.42 - 1.32	0.310			
Age (years)	1.00	0.98 - 1.01	0.604			
Level of education						
Primary	Ref.			Ref.		
Secondary	1.01	0.37 - 2.78	0.979	0.75	0.26 - 2.19	0.597
Technical education	4.1	1.64 - 10.23	0.003	2.25	0.77 - 6.57	0.139
University	1.82	0.60 - 5.51	0.291	0.74	0.23 - 2.35	0.609
Knowledge of the book of complaints						
No	Ref.					
Yes	1.31	0.69 - 2.51	0.411			
Correct place to file a complaint						
No	Ref.					
Yes	1.65	0.67 - 4.07	0.277			
Do you know about SUSALUD?						
No	Ref.			Ref.		
Yes	4.26	2.35 - 7.72	<0.001	3.33	1.81 - 6.11	<0.001
Do you know about health rights according to law?						
No	Ref.					
Yes	1.95	0.80 - 4.75	0.143			
Do you know the right to access health services?						
No	Ref.			Ref.		
Yes	3.44	1.40 - 8.49	0.007	1.15	0.41 - 3.29	0.788
Do you know the right to be informed?						
No	Ref.			Ref.		
Yes	3.39	1.25 - 9.21	0.017	2.65	1.07 - 6.60	0.036
Do you know about the right to care?						
No	Ref.					
Yes	2.38	0.97 - 5.83	0.058			
Do you know about the right to explanation and authorization before a procedure or surgery?						
No	Ref.					
Si	1.20	0.50 - 2.87	0.685			

* P values obtained through generalized linear models (GLM), Poisson family, log-link function and robust variance.

** Adjusted per level of education, knowledge about SUSALUD, knowledge about the right to access health services and to be informed

DISCUSSION

In our study, the frequency of problems that arose during medical care was 44%. This is lower than what was reported by ENSUSALUD in 2016, since it is shown that at the national level (MINSa, EsSalud, FFAA- PNP and the private sector), 13.3% of users had some problems during their care; and the frequency was 13.3% only at the level of MINSa.⁷ Most of the problems in the outpatient service was delayed care (33.6%), which was the same as what was reported by ENSUSALUD 2016. This problem is the largest at the national level (41.1%) and also at the level of MINSa (42.7%). These results are consistent with the findings of Rebaza-Iparraguirre et al., who reported that the highest percentage of complaints corresponded to the lack of appointments, delayed, or inadequate outpatient care (25.9%).⁸ However, this differs from what was described by Shimabuku et al. as they detailed that inappropriate treatment was the greatest cause of complaints. Nevertheless, their study focused on a national pediatric hospital, which indicates that there are differences between age populations in the type of filed complaints.⁹

The percentage of patients who filed a complaint in our study was 37.3%. This is higher than what was reported nationally (20.3%) and at the MINSa level (17.7%).⁷ It should be highlighted that our study was conducted at only one MINSa hospital, which may explain the difference in the obtained results. However, we can remark the particular characteristics of the problems that arose in regard to medical care at that hospital and that

also reflects the determination of its patients in the filing of any complaint or grievance.

It was found that 66.4% of the respondents knew about the book of complaints, and 77.6% mentioned that they have health rights according to the law. This correlates with the findings of Jeri-De-Pinho, who found that 97% of those surveyed knew their health rights and duties; and also found that 79.1% reported possible cases of violation of health rights to the National Superintendence of Health.¹⁰ However, in that research, the studied population was the Health Services Users' Boards (Juntas de Usuarios de los servicios de salud, JUS), expecting that this population would have more knowledge about how SUSALUD works due to the training they receive.¹¹

It was observed that the frequency of filing care complaints was greater in patients who knew about SUSALUD and those who knew about the right to access health services. This is logical because those patients who have better knowledge about the health system will be better oriented in the complaint process. Thus, they will be able to know the correct process to make a complaint as well as the optimal place to file it. Furthermore, it is a fact that health rights are only exercised to the fullest by those who know them.¹² For this reason, special spaces should be proposed and encouraged for guidance on how to identify health services' issues and the steps to follow in order to file a complaint.

The limitations of this study were that the study site was limited to a single hospital and only to the Internal

Medicine service. Therefore, it is not possible to infer our findings to the entire national study population. Also, there is a potential information bias, as we measured the frequency of filed complaints about care issues through self-reporting, which is not an actual measurement.

However, this research has different strengths as it is one of the few studies that have explored the potential factors influencing the filing of any complaint due to patient care issues, taking also into account that ENSUSALUD has not applied a new survey since 2016.

CONCLUSIONS

We concluded that the frequency of complaints due to a health care problem is high. Knowing about SUSALUD, the right to access health services and the right to be informed were positively associated with filing any type of complaint.

Conflicts of Interest: The authors declare that there is no conflict of interest.

Contributions to Authorship: All the authors have contributed substantially to this research.

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