Don’t View Patient Complaints As Annoyances

Unsolicited complaints are ‘nuggets of gold’ and valuable risk reduction tools for EDs

Few patients who are dissatisfied with their ED visit come forward and say so. “We find that because of the intimidating nature of a fast-paced emergency room and other things, many people will not speak up in the moment,” says Gerald B. Hickson, MD, senior vice president of quality, safety, and risk prevention at Vanderbilt University School of Medicine. This means that when someone complains, “we are looking at the tip of the iceberg,” Hickson says.

Without training, many emergency physicians (EPs) respond defensively to complaints, pointing the finger at the patient or family. “If we spend our time blaming patients or discounting their stories, we miss the opportunity to learn what those patients are collectively telling us,” Hickson explains. Valuable information can be gleaned when a patient complains about an ED visit. “We should not be afraid or angry about receiving complaints. They may represent nuggets of gold,” Hickson says, noting that patients and families “are uniquely positioned to tell us about our dysfunctional systems and sometimes our non-professional colleagues.”

Patient complaints are routinely shared with EPs in a nonjudgmental way. “We do this not to embarrass or humiliate, but promote reflection to learn and fix,” Hickson says. It’s not easy for EPs to listen to someone saying they’ve done a poor job without becoming defensive. “To be able to master that skill is really the hallmark of a professional,” Hickson adds. Here, he offers some complaint management strategies for the ED setting:

- **Address dissatisfaction right when it’s occurring.**
  “This increases the chance that we get the right diagnosis and outcome,” Hickson says. “And when individuals do have adverse outcomes, it reduces the risk of unnecessary litigation.” If a patient or family is clearly agitated because of a long wait, for instance, an ED nurse should acknowledge this, apologize for the delay, and promise to get them back as soon as possible. “That’s not perfect, but it’s better than letting patients think they have been forgotten,” Hickson says.
“Dialing down unnecessary inflammation is important.”

- **Encourage patients and families to speak up if the ED does not meet or exceed their expectations.**
  “There are patients who are vocal, and those who walk away silently but are just as angry,” Hickson says. The goal is to identify as many dissatisfied patients as possible — even those who are silent on the subject. “This begins by standardized training for all professionals and unit leaders on the best techniques in service recovery — the practice of making right what patients and family believe may be wrong,” Hickson says. The ED posts signs encouraging patients to report concerns. “But most important is addressing our natural tendency to be defensive,” Hickson says. Sometimes a patient’s demands are truly unreasonable, but it’s still worthwhile to hear him or her out. “It’s about being a professional and trying to view a situation from someone else’s perspective,” Hickson explains.

- **Implement a system to handle complaints outside the ED when appropriate.**
  One patient complained that the EP stated that her primary care physician should have ordered the tests, but just wanted to pass it off to the ED. Another reported, “We were just here last night, and we told them Mom was not ready to go home!” At Vanderbilt University Medical Center, the ED wouldn’t handle either of these complaints. Instead, complaints are referred to the hospital’s Office of Patient Relations if they:

  1. remain unresolved at the point of service;
  2. are repeat concerns;
  3. involve several departments or healthcare professionals;
  4. involve physicians;
  5. involve quality of care issues;
  6. allege malpractice or involve an adverse event;
  7. involve threats to call the media or regulatory bodies;
  8. involve a patient request to terminate a provider relationship;
  9. allege abuse or boundary issues;
  10. concern issues of privacy or confidentiality;
  11. involve injury on the premises.

  If a complaint touches on one of these areas, the hospital’s patient relations specialist reaches out to the individual and conducts formal service recovery. “We get about 6,000 patient and family stories a year. Of those, about 12% originate in our emergency medicine units,” Hickson says. “We’ve learned how to conduct service recovery and then convert those stories into data.” Most ED complaints involve care and treatment, but some are about failed communication, such as the ED discharging a patient with no explanation to family caregivers.

  A smaller group of complaints are about perceived disrespect, such as the EP seeming too busy to take care of a patient. One patient complained that the EP “was very abrasive and condescending”; another said the EP made her feel unimportant.

  The key is employing someone who engages dissatisfied patients and families. “Offer an apology, if appropriate, and attempt to address the needs of the patient,” Hickson advises.
REFERENCES

SOURCE
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