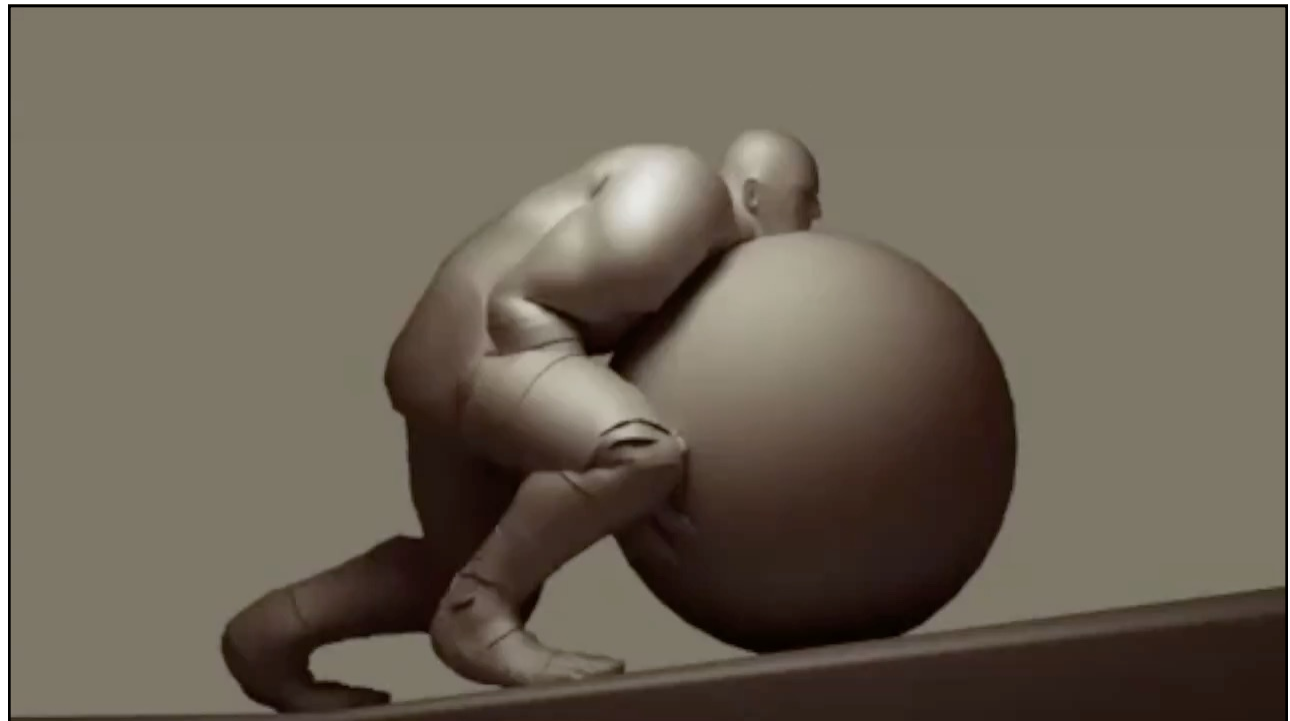


Complaint Management

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ACEP – EDDA Phase II
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THE WHY

A Complaint Management System

- Know the standard being delivered in your dept.
- Mandated by TJH, State Health Depts., and our institutions, or else...
- Determining and eliminating the root cause is the most effective way to address them

3

Poll 1: My Complaint Management System is

1. Very good
2. Satisfactory (+ / -)
3. Needs an upgrade

4

4

Poll 2: In total (investigation, discussions, write-ups, and follow-up) each complaint takes me about

1. One hour
2. Two hours
3. Three hours
4. > three hours

5

5

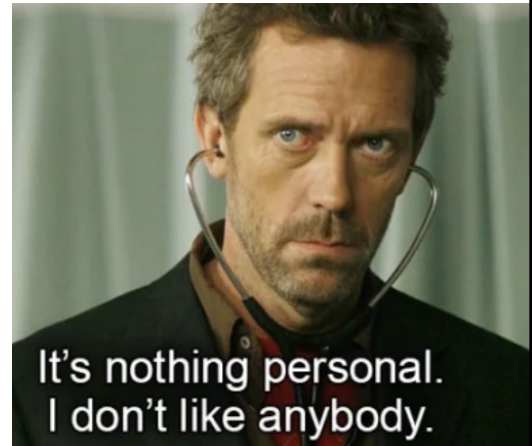
Objectives

- Describe the “WHY” of an effective system
- Define components of an efficient, consistent system
- In the Break-out Sessions – Design your specific process to address complaints

6

People complain because...

- Perceived injury
- Perceived mistreatment
- Unmet expectations
- When and why do you?



7

We've all felt...

I'd really like to get
that jerk fired...but
you do nothing.

8

Poll 3: Excluding restaurants,
When I get bad service,
I complain...

1. Rarely or never
2. < 10%
3. 10 – 20%
4. 20+%

9

9

Complaints are going to happen,
and we are particularly susceptible...

- Brief relationships
- Multiple transitions
- Hurried and inattentive
- Ineffective (body) language
- ...

10

SO WHY DO YOU CARE?

Reasons For Concern

- Census Impact
- Regulatory
- Medico-legal
- Administration

11

Our administrators care. They run a business and must be responsive

To whom does your administrator pay attention?

12

Our administrators care. They run a business and must be responsive

You administrators follow the money

- The patients / insurers → \$
- The big admitters → \$
- The board → Admin's \$

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When to address the complaint

1. Retrospectively – address the needs of stakeholders, requires providing time, listening, compassion, promises to improve
2. Prospectively – address the root cause of the complaint, leads to many fewer complaints?



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To manage problems before they get out of control, we need to have...



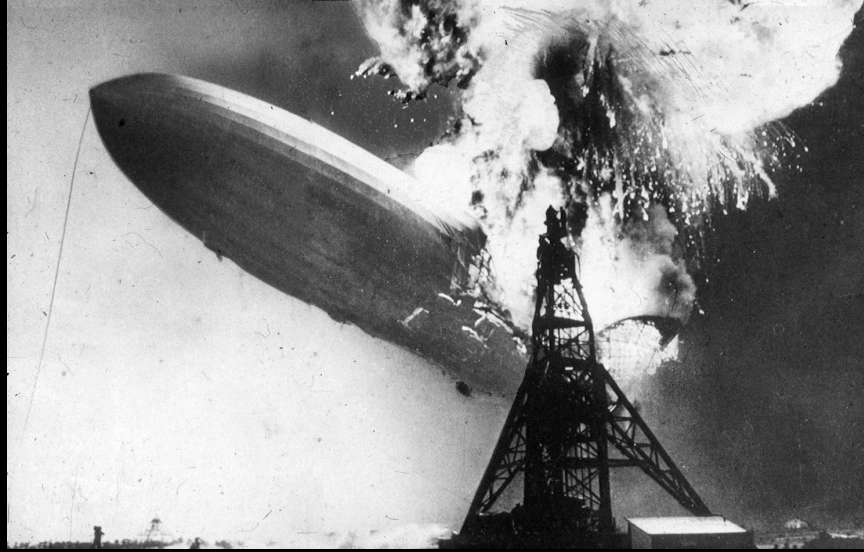
15

An easy, painless, flexible process



16

Which complaints are real?
Does it have to be a catastrophe



17

The Approach

The complaint handler should



- Be Sympathetic and concerned.
- Have imprimatur of leadership:
“I can fix this.”

18

Effective listening – Hear it from their perspective



19

Chat: What do complainers want?

- _____
- _____
- _____
- _____
- _____

20

Complainers want...

- Respect – to be heard
- Investigation and follow-up
- To make it better for the next person
- Write-off of bill
- “Head on a platter”

21



22

The complaint goes to

- Pt Liaison
- Dept Secretary
- Hosp Comp Mgt
- You



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System Components – Status Log pg 1158

FIGURE 76.3 ■ Example of a Complaint-Management Log

Name	Date of service	Date of complaint	Date of resolution	Type	Investigator	Provider number	Assessment complete	+/- 0-5	Comment
R Jones	6/6/12	6/8/12	6/11/12	Attitude	RS	27	✓	-/0	Provider counseled
W Clinton	5/4/12	6/13/12	6/15/12	Quality	GN	19	✓	-/1	CME required
A Einstein	5/11/12	6/19/12	6/19/12	Cost	RS	36	✓	+/0	No action required
M Jordan	6/18/12	6/25/12	6/28/12	Quality	RS	44	✓	+/0	Follow up with orthopedist (complainant) - in service
M Ghandi	7/1/12	7/1/12		Attitude	GN	27	✓		

- Why**
- Current status of completion
 - Complaint types and outcomes by individual

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CMS Component – Sit. Ass. Form pg 1155

Chapter 76 • Complaint Management 1155

FIGURE 76.1 ■ Situation Assessment Form

ABC Hospital _____ Department
Performance Improvement program
Situation Assessment

Patient _____ ID# _____ LOG# _____

Type of Complaint

Date of Service _____ Attitude _____ Cost of Care _____
Date of Complaint _____ Documentation _____ Follow-Up Instruction _____
Date of Receipt _____ Length of Stay _____ Other (Specify) _____
Date of Resolution _____ Quality of Care _____

Initiated by:

	NAME	DATE
<input type="checkbox"/> Chart Review	_____	_____
<input type="checkbox"/> Hospital Administration	_____	_____
<input type="checkbox"/> Nurse	_____	_____
<input type="checkbox"/> Patient	_____	_____
<input type="checkbox"/> Physician	_____	_____
<input type="checkbox"/> Billing Rep	_____	_____
<input type="checkbox"/> Other	_____	_____

Sources of Information: _____

Issue: _____

- Identifying info
- Dates / Types
- Initiated by
- Info sources
- Issue (obj.)

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Investigation: _____

Assessment: _____

Discussed with:

	NAME	DATE
<input type="checkbox"/> Emergency Nurse	_____	_____
<input type="checkbox"/> Emergency Physician	_____	_____
<input type="checkbox"/> Patient (Family)	_____	_____
<input type="checkbox"/> Private Physician	_____	_____
<input type="checkbox"/> Hospital Representative	_____	_____
<input type="checkbox"/> Billing Representative	_____	_____

Rating: Standard of Care Met Yes +/- No

Adverse Patient Outcome 0 1 2 3 4 5

Investigated By: Signature _____ Date: _____

Practitioner: _____

- Investigation just the facts
- Determination/ solutions
- Follow-up
- Rating
- Signatures

Figure 1 – Situation Assessment Form

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Communication & Reporting

The Critical Final Step

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Complaint Take Homes

- Adapt and Use Consistent Forms
 - Situation Assessment Form
 - Log (for status)
- Give Feedback to Clinician and Complainant
- Address Root Cause



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Recognition / Compliment Management

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Break-out Session

We'll now address complaints
and you can create your own
complaint management system.

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