

How to Prevent a Complaint From Becoming a Lawsuit

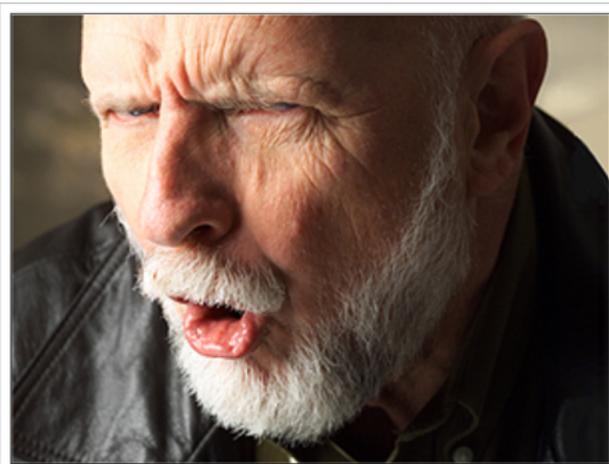
Kathryn Moghadas, RN, CHBC, CLRM

Posted: 03/09/2012

Introduction

It's one thing for a patient to have a complaint about you or your office; it's another thing for that complaint to become a lawsuit. Physicians can make sure they nip that in the bud before a complaint escalates.

Doctors should implement a written grievance process that provides an opportunity for a patient (or the patient's representative) to air the problem and a way for the doctor to remedy the grievance. This can prevent a grievance from becoming a malpractice claim. (Medical practices under accreditation criteria from AAAHC, JCHAO, or Medicare COP, etc., have separate policy standards.)



Why do so many grievances and complaints occur? In a perfect patient visit, the patient sees the doctor at the appointed time, and is ushered into an exam room by a knowledgeable and friendly medical assistant. The doctor listens quietly to the patient, asks appropriate questions, performs the physical exam, renders a medical decision, explains the decision, prescribes a treatment while conveying empathy and concern, and asks, "Is there anything else I have not covered or you have not told me?"

However, life is not perfect. While a medical practice staff is usually efficient and compassionate, the process sometimes gets hijacked. A patient walks away with a negative reaction that will either diminish or become inflamed. Patient complains and grievances occur even when you conduct a near-perfect visit.

The patient leaves without a remedy for their concerns and may tell others about their poor treatment, complain to their insurance carrier, or, in extreme cases, file a malpractice claim.

The medical practice that adopts a clear policy for handling grievances provides a remedy that prevents the escalation of a negative outcome. The grievance process does not have to be lengthy, nor does it need to involve costly litigation.

Don't Keep the Policy a Secret

If only you and your staff know the grievance policy exists, it won't accomplish its goals. It's important for you to post notifications or even have a "suggestion box" and make forms readily available. Or you may give a copy of the grievance policy to all patients signing in after its implementation.

Make sure the complaining patient knows that you -- the physician -- will see the complaint and that you are going to do something about it. Even if the complaint involves only the billing department or the waiting room, all patients know (or believe) that unless a doctor sees the complaint, no improvement or reparation will follow.

It's important to post signage telling patients how to contact appropriate individuals (usually the practice administrator, quality or compliance officer, or risk manager) if they have questions or concerns. This helps prevent patient concerns from escalating into larger problems.

Your Office's Grievance Process

1. Develop a policy (see sample below) that designates a contact individual (practice administrator, quality or compliance

officer, or risk manager) for complaints or grievances.

2. Educate all staff members on the policy and the process. This may include signage changes at the front desk.
3. Provide a complaint form that is readily available to patients (see sample below).
4. If a complaint or grievance occurs, process forms or verbal complaints with documentation.
5. Investigate the root cause.
6. Identify corrective actions.
7. Report the findings.

Are You Doing Enough to Prevent Grievances?

While it's crucial to have an official grievance process, it's also wise to avert patient dissatisfaction.

The most common reasons for patient grievances are: (1) failure to communicate; (2) failure to fulfill expectations for examination and treatment; (3) prolonged wait time; (4) rudeness; and (5) inappropriate behavior related to billing.

The first 2 common complaints have remained consistent for the last 30 years. They constitute 2 of the most common reasons for patient grievances.

Poor communication skills and failure to fulfill expectations for examination. In recent years, medical school training has changed from using a biomedical model to a patient-centered approach. The training shift is intended to help new doctors improve their communication skills and improve health outcomes, patient compliance, and patient satisfaction.

Physicians -- even established physicians -- may need more feedback or a refresher regarding the medical interview process and its 3 essential functions: information gathering, relationship building, and patient education.

Long waits and rudeness. Doctors and the practice managers need to provide proper oversight of their personnel as well as their scheduling. There are times when the physician will run behind schedule for various reasons, but that should be the exception rather than the rule.

Generally, the practice staff should be mindful of the physician's schedule, the type of visit scheduled, the number of rooms available, the correct preparatory workup, and the appropriate staffing levels. These are all practice management considerations when attempting to develop the scheduling template.

When the doctor is running behind schedule, it's wise to update the waiting patients about the delay, and also phone patients who have not arrived yet and give them the option to delay or reschedule. This communicates that the practice values the patients' time commitment.

In a complaint regarding rudeness, intervention on behalf of the practice administrator to counsel the offending staff member is one of the proper actions to take. If the administrator has trouble accomplishing this, the physician may need to step in.

The last of the most common reasons for patient grievances, inappropriate behavior related to billing, can stem from patient misunderstanding of correct billing practices. Clear and simple billing policies explained at the time of registration can help. The checkout clerk should explain which charges will be submitted to the patient's insurance and which are considered part of the patient's deductible or not allowed. With Medicare patients' financial informed consent, the rules are simple. Charges not covered by Medicare must be authorized by the patient prior to delivery of the service, otherwise the patient cannot be billed.

Sample Patient Grievance Policy

POLICY

It is the policy of _____ to ensure that all complaints related to care or services provided are handled courteously, consistently, and as expeditiously as possible. If the initial efforts of the (practice administrator, quality or compliance officer, or risk manager) fail to amicably resolve complaints, it is the policy of _____ to utilize this grievance procedure to make reasonable efforts to resolve patient grievances as quickly as possible.

A Patient Complaint is a verbal or written complaint regarding patient care received that is resolved at the time of the complaint

by a staff member present. A complaint is considered resolved when the patient or the patient's representative is satisfied with the actions taken.

A Patient Grievance is a verbal or written complaint by a patient or patient representative regarding patient care received that occurs after the visit, is presented to _____, and requires further action or resolution.

PURPOSE

To provide a system whereby patients or their representatives may present concerns and recommend changes freely, without subject to coercion, discrimination, reprisal, or unreasonable interruption of care.

PROCEDURE

Notice of Right to File Grievance

The practice will make available a sign posted in a prominent position that notifies patients and their representatives of the practice's goal to provide the best quality patient care possible. Should there be a concern that the patient feels has not been resolved, the patient may request a grievance form from the receptionist or contact the designated officer.

INITIAL RESPONSE TO THE COMPLAINANT

Nonsupervisory personnel who receive a Patient Complaint from a patient or a patient's family member or representative, either written, by phone, or in person, will refer the complaint to the _____.

The _____ will attempt to gather the salient facts of the encounter and resolve the matter with the complainant immediately, unless additional action needs to be taken by the _____ to gather additional information. By the end of the meeting with the complainant, the _____ will determine a mutually agreed-upon time to reconvene, either in person or by phone, to report the investigation's findings. This investigational time should not exceed seven (7) working days. All these actions and conversations should be documented on the Complainant form.

NOTIFICATION OF INVESTIGATION RESULTS

Upon completion of the investigative process, the _____ should contact the complainant with the results of the investigation. The notification should be in the form of disclosure of actions taken, findings, actions recommended, and changes or no changes made in the practice processes. In instances where the complaint is against a specific employee, the results of actions taken will remain confidential. The complainant will learn only that appropriate action was taken to remedy the complaint.

RESOLUTION

A patient's grievance is considered resolved when the patient or patient's representative is satisfied with the action taken.

There may be times where the practice has taken appropriate and reasonable action to resolve the grievance and the patient or patient's representative remains dissatisfied. In these cases, the practice will close the file for purposes of this policy.

Additional action might need to be taken, such as discharging the patient from the practice, notification of the

Sample Patient Complaint Form

Patient Complaint Form
Date:
Please describe any problem you experienced:

How can we help resolve it?

Name of Patient: _____

Information Provided/Taken by: _____

Referred to: _____

Resolved by: _____

Patient Notified of Action: _____

Date: _____

Medscape Business of Medicine © WebMD, LLC