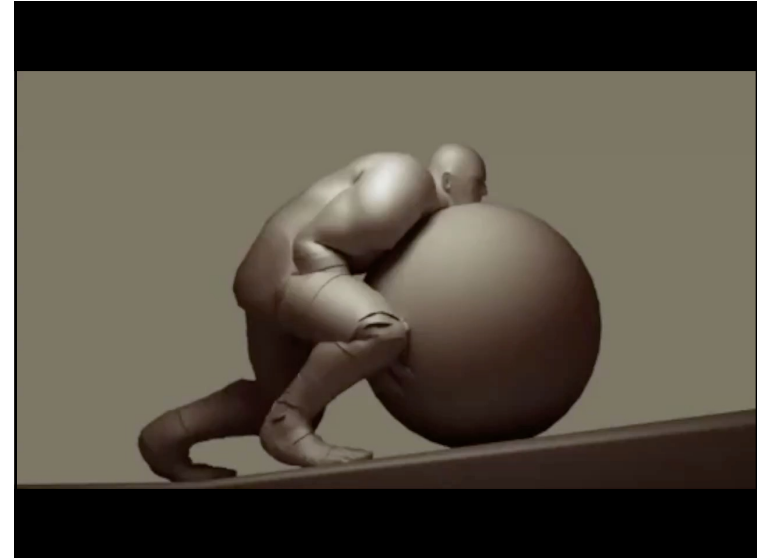


Complaint / Compliment Management

Robert W. Strauss, M.D., FACEP
ACEP's Directors Academy
Dallas – 2022

1



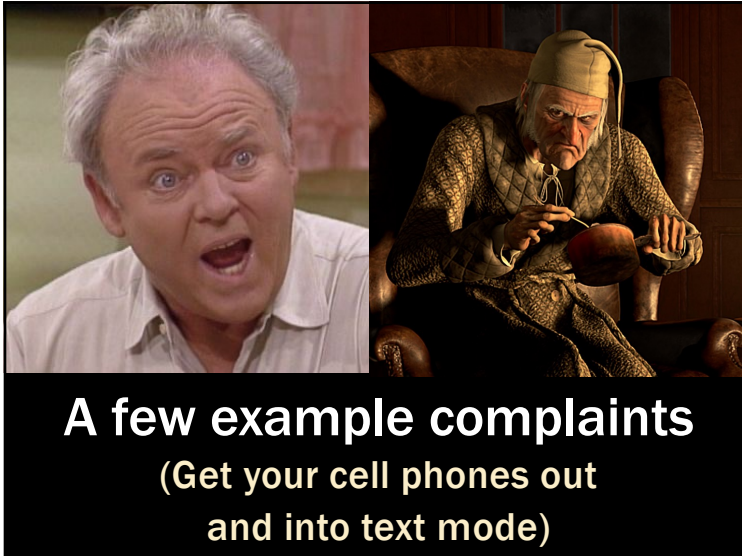
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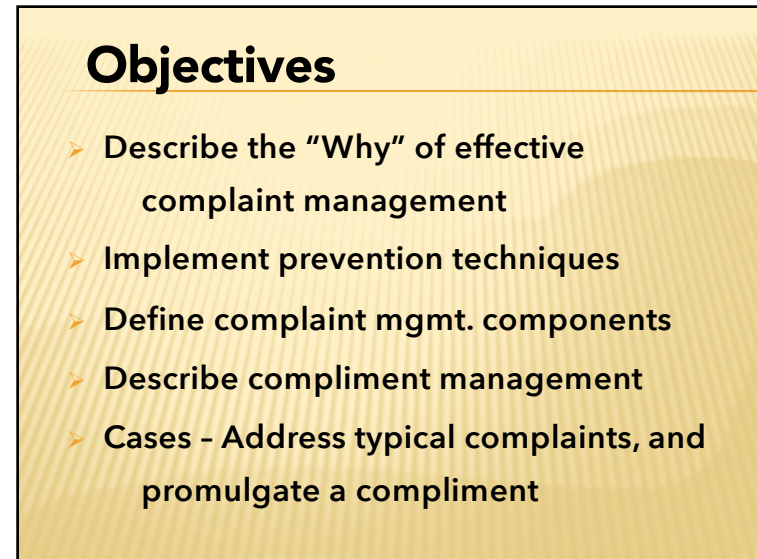
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6



7



8

People complain because...

- Perceived injury
- Perceived mistreatment
- Expectations went unmet
- When and why do you?
 - Return from Whistler-Blackcomb

9

Do you ever think...

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

10

**When you get "bad" service, what % of the
time do you complain**



11



12

Particular susceptibility of hospital based providers:

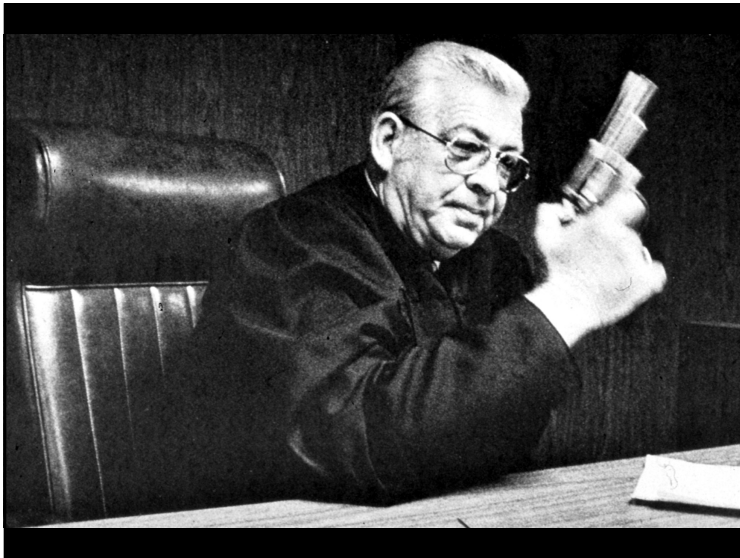
- Brief relationships
- Multiple transitions
- Hurried and inattentive
- Ineffective (body) language
- ...

13

SO WHY DO YOU CARE? Reasons For Concern

- Census Impact
- Regulatory
- Medico-legal

14



15

“If you think your only responsibility is to practice high quality medicine, I’ll have your contract in a minute.”

Karl Mangold

16

Our administrators run a business and must be responsive

To whom does your administrator pay attention?

17

What does your administrator want from you?

- Problem solvers with evidence of success well documented
- Satisfied customers

What they don't want is...

18



19

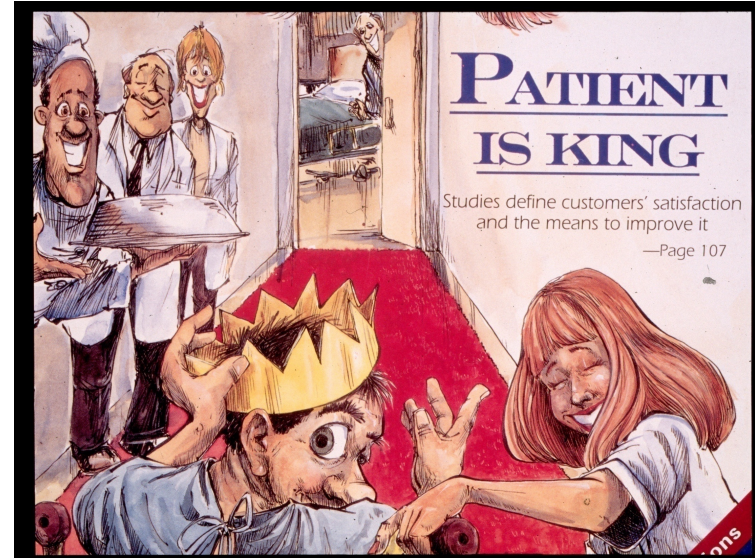
What does the staff want from you?

It's more than the patient who must be satisfied, because if you don't solve it then you become the problem.

20



21



22

The Ultimate Goal:
Patient Satisfaction

Webster defines a customer:

“A person who purchases a commodity or service.”

23

What is good customer service

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24

Interpreting the classic responses

- 1) “Yeah, well I did everything right. Just look at the chart!”
- 2) “Let me explain to you how it works around here.”
- 3) “Our pamphlet explains our waits.”

25

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26

Interpreting the classic responses

- 1) “Yeah, well I’m not paid to be a pillow fluffer. I really don’t care!”
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27

Interpreting the classic responses

- 1) “Yeah, well I’m not paid to be a pillow fluffer. I really don’t care!”
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28

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29

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30

Interpreting the classic responses

- 1) “Yeah, well I’m not paid to be a pillow fluffer. I really don’t care!”
- 2) “Let me explain how it’s not going to work for you around here.”
- 3) “Yes, we’ve actually hard-wired our mediocrity.”

31

Satisfaction Defined

Pre-purchase
expectations
are met or surpassed...

32

Which means

In order to create satisfaction,
we may have to first lower
expectations

33

SATISFACTION requires
meeting, and perhaps
lowering expectations



Creating DISSATISFACTION
by **RAISING** expectations



34

How we raise expectations

We lie!



- She'll be in in a minute
- I'll be right back

35

Prevention Techniques

- As a leader, there are many techniques that you can teach your providers. The following are a few...

36

Prevention Techniques

- Realistic Timeframes – aiDet
 - Describe the process in advance
 - Lower expectations
 - Exaggerate
 - Surpass lowered expectations

37

JUST SAY...

YES

Acknowledge and Validate

38

Prevention Techniques

- Realistic Timeframes
- The Theory of “Yes”
- Key Phrases

39

Scripting – Good or Bad



40

Prevention Techniques

- Key Phrases
 - Scripting – Resistance
 - We all teach our children
 - Re-framing to enhance their and our experience

41

Create your own Key Phrase

The best phrases are personal and contain:

- "I" or "me"
- "you" or "your"
- "important" or "care about"
- Reference to the critical question

When you walk in the patient's room, do you close the curtain / door? Why?

42

Create your own Key Phrase

The best phrases are personal and contain:

- "I" or "me"
- "you" or "your"
- "important" or "care about"
- Reference to the critical question

Privacy...and they know that right?

"I'm closing the curtain because I care about your privacy."

43

Create your own Key Phrase

"You're waiting for the CT Scan"

A perfect opportunity to re-frame

PG: Listen, Courteous, Comfort &...

Would you be willing to spend

"15 seconds to get 5s"

44

Prevention Techniques

- Realistic Timeframes
- The Theory of “Yes”
- Key Phrases
- Letting them know you know
 - Sign up for several patients and work backwards
 - Exaggerate time and begin treatment

45

Prevention Techniques

- Realistic Timeframes
- The Theory of “Yes”
- Key Phrases
- Letting them know you know
- The “Closing Question,” they may
 - Tell you why they came
 - Share an unmentioned issue

46

Prevention Techniques

- Realistic Timeframes
- The Theory of “Yes”
- Key Phrases
- Letting them know you know
- The “Closing Question”
- The “Unnecessary Test,” Do you?

47

**The most common unnecessary
test/treatment I order is...**

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48

The Unnecessary Test

- Bob Hockberger's advice:
"We're here to treat people's needs, physical and psychological."
- Marshall Segal's adage:
"When things go wrong, nobody ever thanks you for having saved them money."

49

Manage problems when they occur
Cold leg - Controlling the fire before it rages



50

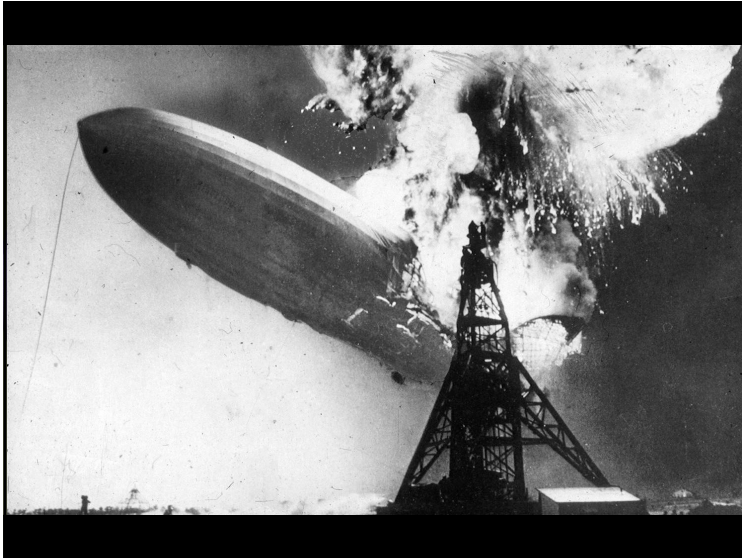


51

The Approach

- Which complaints are real?

52



53



54

The Approach

- Which complaints are real?
- Who handles the complaint?
- What is the message

55

Who? What?

- **Sympathetic and concerned.**
- **The imprimatur of leadership: "I can fix this."**

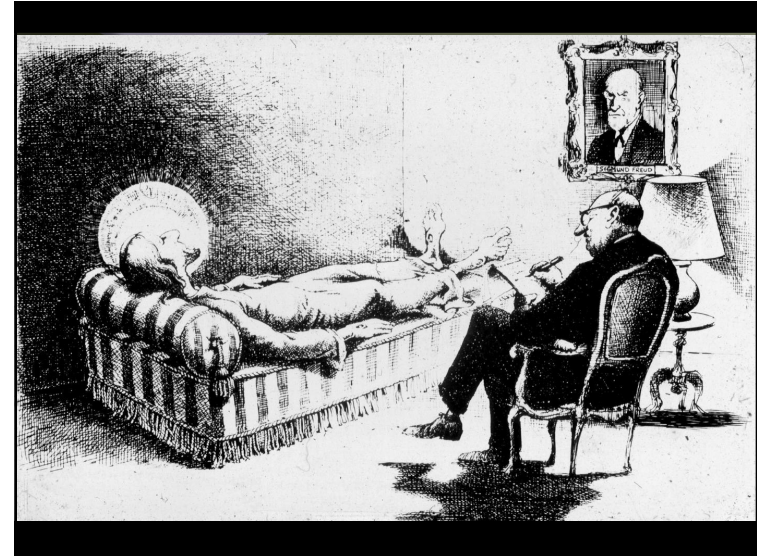
56

An asset? Your choice

- Ignore and perpetuate
- They care enough to complain and allow you to fix the problem
- Script the interaction
 - “This comes at an opportune time...”

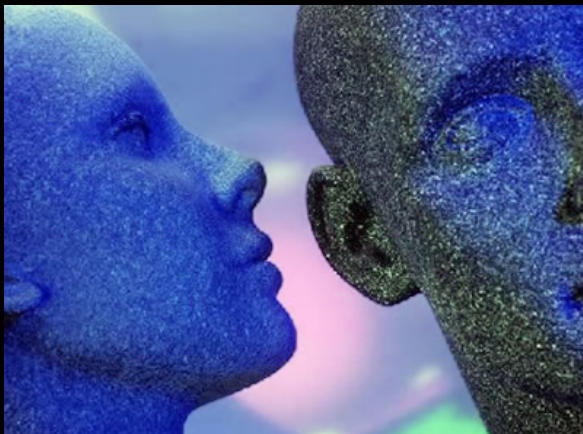


57



58

Effective listening means:
Hearing it from their perspective



59

What do complainers want?

- _____
- _____
- _____
- _____
- _____

60



61

Your department's complaints

Where do your complaints go?

- Patient liaison
- Departmental secretary
- You
- Hospital complaint manager

62



63

The System Components

- Log for tracking (p. 1,158) determine
 - Current status
 - Individual numbers and total
 - Types
 - Outcomes
- Situation assessment form (p. 1,155)

64

Situation Assessment Form

- Sources – multiple
- Issue(s) – simple, objective
- Investigation – inclusive
- Resolution – real answers

65

ABC Hospital Emergency Department
Performance improvement program
Situation Assessment

Patient _____ ID# _____ LOG# _____

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

Initiated by:	NAME	DATE
_____ Chart Review	_____	_____
_____ Hospital Administration	_____	_____
_____ Nurse	_____	_____
_____ Patient	_____	_____
_____ Physician	_____	_____
_____ Billing Rep	_____	_____
_____ Other	_____	_____

Sources of Information: _____

Issue: _____

Investigation: _____

66

Investigation: _____

Assessment: _____

Discussed with:	NAME	DATE
_____ Emergency Nurse	_____	_____
_____ Emergency Physician	_____	_____
_____ Patient (Family)	_____	_____
_____ Private Physician	_____	_____
_____ Hospital Representative	_____	_____
_____ Billing Representative	_____	_____

Rating: Standard of Care Met ___ Yes ___ +/- ___ No

Adverse Patient Outcome ___0 ___1 ___2 ___3 ___4 ___5

Investigated By: _____	Signature	Date:
_____	_____	_____

Practitioner: _____

Figure 1 – Situation Assessment Form

67

RESOLUTION

“Look for natural consequences.”

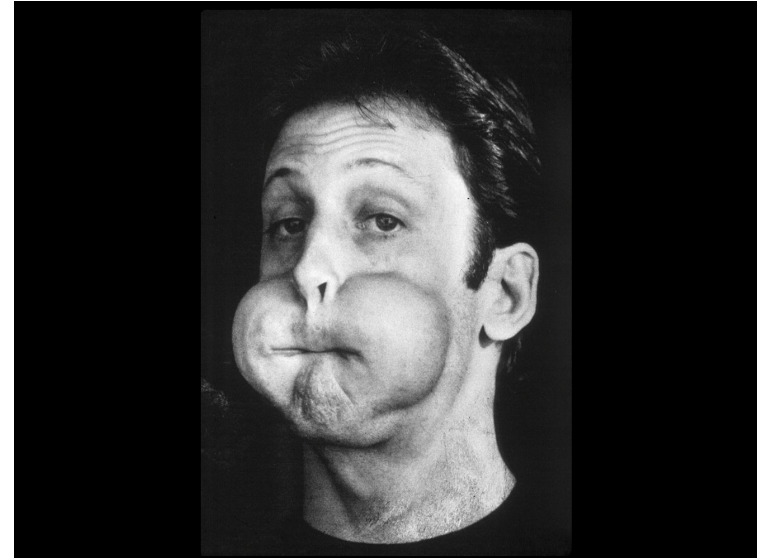
Ed Bliss

68

The PI Process

- Conclusion
 - Standard of Care – met / unmet
 - Adverse Patient Outcome (0 – 5)
- Signature
- Confidentiality
- Filing System

69



70

Communication & Reporting

The Critical Final Step

71

The Compliment Management System

- Celebrating success
- Balancing the process
- Telling “the rest of the story”



72

The Compliment Management System

- Give and take credit for the good work that you do
- Examples – T.C. and N.A.



73

Dear Dr. _____

We know that you were instrumental in saving our son Jim's life. We can't even begin to imagine our lives without him and are so grateful that he is healing. You are a very special person and we would like to commend you and your staff for excellence in every area. We have a long road but are progressing. You will never ever be forgotten, and we will remember you in our prayers always. Thank God you were there.
God Bless You, Our Love
The _____'s

74

Dear Dr.

I've never met you, but I feel a great deal of gratitude for the kind of person you are. Nearly 2 weeks ago, my dear father-in-law, N.A. was admitted to the ____ ER following a massive stroke. You admitted him in the morning and pronounced him dead in the evening. In the meantime, according to our family who were present with him, you were a clear strong honest compassionate presence.

75

N. was a bright light for those of us in his world. He was a deep thinker, a professor of E Asian Religion, a lover of poetry and music and beauty. We thank you for your help in allowing his safe and peaceful passage from this world.

With Gratitude

76

My family and I are so grateful for the kind and professional treatment you gave my father _____, who was admitted to the ED November 18th. The entire team was lovely, but you, in particular, made our experience at _____ unforgettable.

Clearly, your familiarity with dementia patient informed your approach to Dad, and to us. You let him know every small thing you were going to do before you did it...from closing the door, washing your hands, and every other aspect of your assessment.

Thank you many times over for your compassion to us and your unrushed attention. As I mentioned that day, my daughter is an ED nurse at _____, and she deeply values physicians like you. They are in short supply.

Again, our very best to you and your team... With thanks.

77

-----Do you see the benefit of, and could you easily implement, a compliment management system?

Absolutely

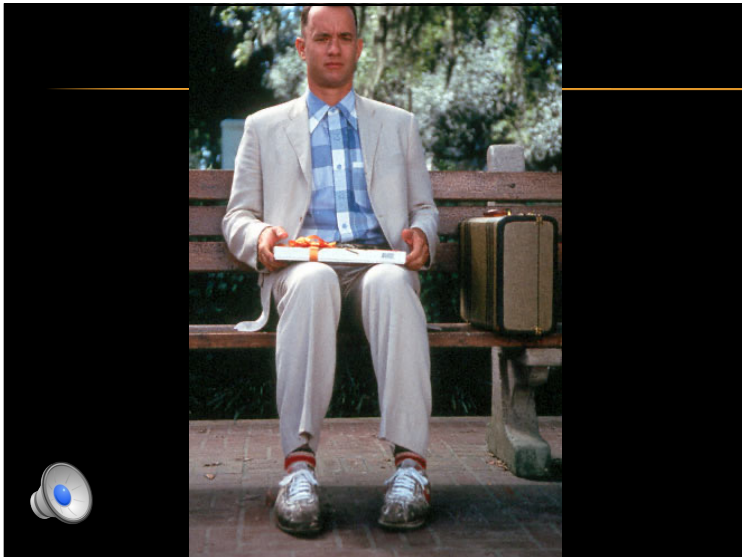
Probably

+ / -

Not really

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78



79

Conference Take Homes

From my presentations

- Practice saying “YES”
- Affirm their P.O.V w/o giving in
- Implement Compliment Prog.
- Create Meetings R.O.E.
- Recognize your Negot expertise



80