

**Complaint Management
(Service Recovery)**

**Robert W. Strauss, M.D., FACEP
ACEP ED Directors Academy
Dallas, 2021**

1



2



3



4

A few example complaints
(Get your cell phones out
and into text mode)

5

Poll 1

Generally, about how much time do you spend on an average complaint?

- 1 hour
- 2 hours
- 3 hours
- > 3 hours

6



7

Objectives

- Describe the “Why” of effective complaint management (Woodstock)
- Implement Prevention Techniques
- Define Comp. Mgmt. components
- Describe Compliment Management
- Case Discussions – Discuss typical complaints, promote compliments

8

People complain because

- Perceived injury
- Perceived mistreatment
- Expectations went unmet
- When and why do you?

9

Poll 2

What is good customer service?

10

Do you ever think...

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

11



12

Particular susceptibility of ED providers:

- Brief relationships
- Multiple transitions
- Hurried and inattentive
- Ineffective language (“waiting”)
- Poor delivery
- ...

13

Breakout Session

The Theory of “YES”

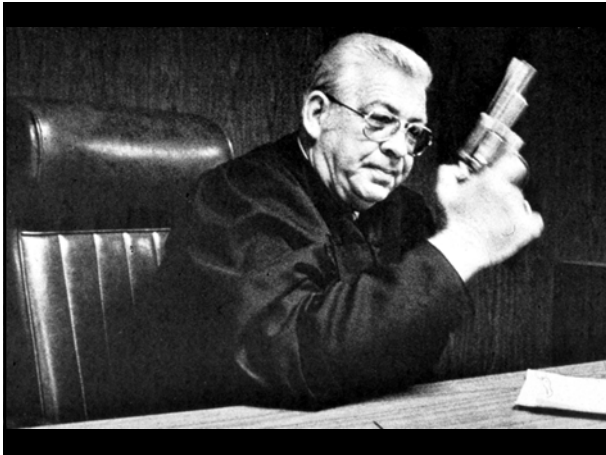
Instruction

1. Ask for something that would likely lead to “No.”
2. Respond with a form of “Yes,” without giving in.
3. Discuss success of response
4. Switch roles and repeat

Logistics

- # of people (2 or 3)
- Session duration – 2 minutes

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

The Administrator’s Imperative:

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

Wrong Message

- What are you doing here! You just brought two patients here less than an hour ago!!!
- Hmmm, 40% of ambulance patients get admitted, average reimbursement about \$7,500.00

22



23

The Ultimate Goal: Patient Satisfaction

Webster defines a customer:

“A person who purchases a commodity or service.”

24

Poll 3

When you get bad service, what percentage of the time do you actually complain to the service provider or supervisor?



25

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."

26

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."

27

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 to you how it works around here."
- 3) "Our pamphlet explains our waits."

28

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 to you how it works around here."
- 3) "Our pamphlet explains our waits."

29

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) "Our pamphlet explains our waits."

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) “Our pamphlet explains our waits.”

31

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.”

32

Satisfaction Defined

Pre-purchase
expectations
are met or surpassed...

33

Which means

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

34

SATISFACTION requires
meeting, and perhaps
lowering expectations

Creating DISSATISFACTION
by **RAISING** expectations

35

How we raise expectations

We lie!



- She’ll be in in a minute
- I’ll be right back
- Just go to the ED, get an X-ray

36

Prevention Techniques

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

37

Just say...

YES

38

Prevention Techniques

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

39

Prevention Techniques

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

40

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

~~Do you~~ close the door / curtain...Why?
“I’m closing the curtain,
because I care about your privacy.”

41

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”

42

Prevention Techniques

- Realistic Timeframes
- The Theory of “Yes”
- Key Phrases
- Letting them know you know
 - Sign up for 4 pts and work backwards
 - Exaggerate time and begin treatment

43

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

44

Prevention Techniques

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

45

Poll 4

What is the most common unnecessary test / treatment I order?

46

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.”

47

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



48



49

The Approach

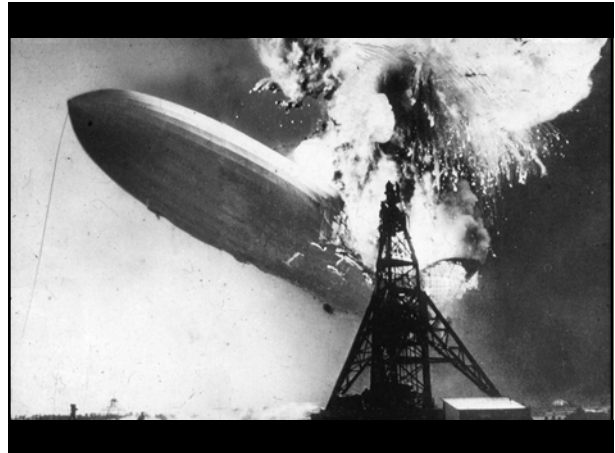
- Which complaints are real?

50

Poll 5

What % of complaints are justified?

51



52

The Approach

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

53



Who? What?

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

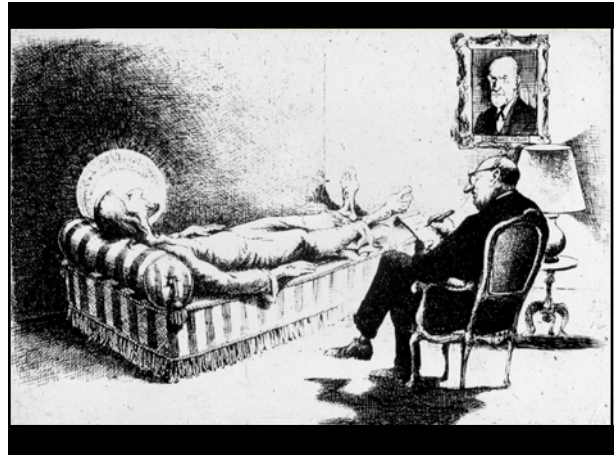
54

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...”



55



56

Effective listening means:
Hearing it from their perspective



57

What do complainers want?

- _____
- _____
- _____
- _____
- _____

58

Your department's complaints

Where do your complaints go?

- Patient liaison
- Departmental secretary
- You
- Hospital complaint mgr.

59



60

The System Components

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

61

Situation Assessment Form

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

62

RESOLUTION

“Look for natural
consequences.”

Ed Bliss

63

The PI Process

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

64



65

Communication & Reporting:

The Critical Final Step

66

The Compliment Management System

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



67

The Compliment Management System

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

YOUR
PICTURE

68

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

69

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.

70

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

71

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.

72

Poll 6

Do you see benefit in AND could you easily implement a compliment management system?

Absolutely
Probably
+ / -
Not really
Not of value

73

Saying "Thank You"

- The "Fly-by"



74

Saying "Thank You"

- The "Fly-by"
- The "generic"



75

Saying "Thank You"

- The "Fly-by"
- The "generic"
- Getting Personal



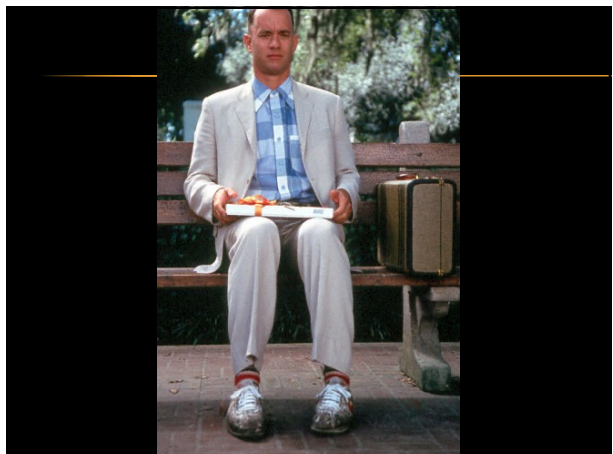
76

Saying "Thank You"

- The "Fly-by"
- The "generic"
- Getting Personal
- The Chair that didn't fly away



77



78