
THREE EASY STEPS TO FINDING THE HIDDEN GOLD IN COMPLAINTS

Learn to love complaints.

Six out of seven patients who should complain, do not—they silently take their business elsewhere and you may never know it. The one in seven who *does* complain is saying, “If only you would correct the situation, I would like to continue doing business with you.” Open up to what that patient has to say and you could make a “customer” for life.

Very often, the first step in establishing a patient Complaints Management System is changing the organization’s culture regarding complaints, beginning with the philosophy of top management. How do your executives regard complaints? As a pain in the neck—or as a golden opportunity to improve your organization? Increasing the number of complaints you collect does not mean deliberately lowering quality—it’s about identifying patient/customer problems that already exist and resolving them so as to not reoccur. When you assure that a problem does not recur, you are taking care of all your existing and future patients’ concerns as well.

Patient complaints offer two opportunities. First, each complaint is an opportunity to satisfy a patient with your positive response to the complaint. And second, complaints are a readily-available source of requirements that you can use to set objectives for a systematic improvement program.

A systematic approach to complaints is essential to a payoff. A Complaint Management System should meet three goals:

1. *Capture all complaints.*

Employ multiple avenues to make it easy for patients to get their issues funneled into the system: a toll-free hotline, a Web form, or a questionnaire that’s included with discharge papers, as examples. Enlist all “patient-facing” staff to help vacuum up complaints throughout the organization by encouraging them to solicit patients for problems. Once captured, the complaints need to be collected in a single repository and analyzed to identify which complaint categories are priority improvement opportunities. Develop a complaint database to identify trends and generate regular reports to hospital management and staff. Over time, track trends and use the information to improve service processes and minimize future complaints.

2. *Quickly resolve complaints to the patient’s satisfaction.*

Patients who have had their problems satisfactorily and quickly solved often tell their friends and neighbors. And they are not easily won over by the competition, rewarding healthcare organizations that quickly solve problems by remaining loyal patients: a speedy response can add 25 percent to patient loyalty. Resolving patient complaints makes for a healthier bottom line, as the cost to “replace” a current patient can be 10 times the cost of keeping them. Establish a team of representatives to handle complaints, ensuring that each team members has the authority to solve the patient’s issue in a way that satisfies the patient.

3. *Identify root causes of complaints to eliminate recurrence.*

Use patient complaints to locate issues that are most important to your patients. This ensures that problems are prevented in the future so that performance continuously improves and *exceeds* patient expectations. Analyze each complaint in the context of the bigger picture of your organization’s business processes, identify the root cause of the problem, and then



implement changes in the appropriate process that result in permanent improvements. This way you not only satisfy that one patient, you ensure the satisfaction of *all* your patients going forward, a tactic sure to improve the bottom line.

Another Key Point: admitting physicians are “customers” too!

Admitting physicians and staff are professionals who can also impact the bottom-line. If enough admitting physicians get fed up with problems and unheard complaints about your organization, they may have other options and take their business elsewhere—a competing hospital or specialty clinic. These unresolved issues have pushed the emergence of specialty clinics and medical practices that take a large bite out of hospital revenues.

Summary

When staff know that executive management is focused on doing a good job for the patient rather than on finding someone to blame for problems, they concentrate on the serving the patient. It may take time to change the ingrained negative feelings towards complaints; however, the payoffs in improved quality, decreased costs from “having to do it over,” as well as increased patient loyalty and confidence over the long run are well worth the time, effort and nurturing required.

When you look at complaints as a way to dig out the root causes of problems that cause patients (and even physicians or other key staff) to get their needs met elsewhere, then you’ll see the golden lining inside those dark clouds of complaints and seek them out.

About Shaw Resources:

The Shaw complaint management system has been proven over the last 17 years within complex, service-oriented organizations, creating relatively inexpensive improvements that show dramatic results in increased patient satisfaction/loyalty and cost savings across the board.

Shaw Resources was formed in 1990 to provide leading edge process improvement methods to high touch, service organizations. Shaw developed and provides clients with a proprietary, patented Customer-Inspired® methodology that is optimized for complex service organizations. This methodology is described, in part, in the book “Customer-Inspired Quality” (by James G. Shaw) published in 1996 by Jossey-Bass. The book is part of the Warren Bennis Executive Briefing Series.

More than half of the Shaw clients have been healthcare providers, primarily hospitals. Shaw has provided management consulting to nearly 10% of California’s, large (200+ beds) acute care hospitals. Shaw provides proprietary Process Advisor® software to assist quality improvement team leaders and executive process owners. For more information, please visit the Web site at <http://www.shawresources.com>.

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