Patient Relations

What's the Risk?

Healthcare has been evolving from a "disease-centered" model toward a "patient-centered" model since the Institute of Medicine's (IOM's) 2001 report titled Crossing the Quality Chasm: A New Health System for the 21st Century. It has been stated that the absence of patient-centeredness in the physician-patient relationship is associated with lower patient satisfaction, poor compliance with medical recommendations, and less well-controlled blood pressure.[1]

Lack of patient-centered care can also lead to anger, which is the emotion that lies behind the filing of many medical professional liability claims. The provider who chooses to escape from a patient's anger rather than face it is inviting an escalation of feelings that may ultimately result in a lawsuit. Without open, honest and direct communication, an office practice risks inviting an angry patient to become a disruptive, vengeful and, quite possibly, litigious patient. Moreover, angry or judgmental responses from the provider may escalate what started out to be a simple complaint and turn it into a medical professional liability claim.

In some cases, the behavior may escalate to workplace violence and jeopardize the safety of employees and other patients. For more information on workplace violence and prevention plans, please see the chapter titled ***Emergencies: Non-Medical***.

The focus of this chapter is on improving the patient relations process. A more in-depth discussion on how to improve communication with patients is included in the chapter titled ***Communication: Patients***.

When Is This Risk an Issue?

Simply put, patient relations are the interactions between healthcare personnel and patients.[2] A hospital typically establishes a patient relations department staffed with personnel who not only handle grievances and complaints, but also design programs to improve the image of the facility and attract more patients.[3] In addition, these staff members may administer patient satisfaction (or experience) surveys. A patient relations department is not an option for a small physician office practice, so all of the staff members must be relied upon to effectively handle patient relations. That includes dealing with unhappy, demanding and angry patients.

Patient-Centered Care (PCC)

Practices can foster patient relations by establishing a patient-centered care (PCC) culture. In a PCC model, patients are active participants in their own care and receive services designed to

focus on their individual needs and preferences. For more information on patient-centered care, see the chapter titled ***Communication: Patients***.

Patient Satisfaction Surveys

Patient satisfaction survey tools are a great way to collect feedback that can be used to improve the office practice's operations. Survey questions should be brief and easy to understand. Survey takers may be asked to use a scale of 1 to 10 to respond. The survey should also request feedback on interactions with staff members, medical technicians, physicians and nurses. Questions might also delve into how the office practice might improve the processes for making appointments and checking in upon arrival, as well as making the waiting room a more pleasant place.

It has been reported that Press Ganey views the following five survey statements/questions from the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) survey as "key determinants of patient satisfaction and loyalty":

1. Confidence in Provider: "Rate your confidence in this care provider."
2. Coordination of Care: "Rate how well the staff worked together to care for you."
3. Concern for Worries: "How much concern did the care provider show for your questions or worries?"
4. Listening: "During your most recent visit, did this provider listen carefully to you?"
5. Courtesy: "Rate the friendliness/courtesy of the care provider."[4]

Patient Expectations

Expectations about the patient care experience are formed from personal experience, the media, experiences shared by friends and family members, books, and, increasingly, social media. When expectations are not met, patients may experience a wide range of emotions from simple dissatisfaction to explosive anger. They may also utilize a wide range of coping mechanisms and display a wide range of behaviors. Some patients may remain calm. Some may look to social media to vent their frustrations. Other patients may exhibit loud, aggressive and/or disruptive behaviors, either in the office or on the phone. Mental illness, drugs and alcohol may also precipitate these behaviors. Providing a practice philosophy brochure and information related to billing can help establish realistic patient expectations.

Practice Philosophy Brochure

A practice philosophy brochure can be an effective means of introducing patients to the practice by providing useful, practical information about how the practice operates and outlining, in simple terms, the practice's philosophy of care. See the sample ***Practice Philosophy Brochure*** for a list of topics to consider when developing a brochure.

A brochure is also good for providing patients with information on how to share a comment, concern or complaint.

In addition to a practice philosophy brochure, other ways to foster patient relations include comment cards and/or recognition cards. Making comment cards readily available allows patients to anonymously make suggestions. Recognition cards allow patients to share positive comments about a staff member who went out of his/her way to make the patient's experience a pleasant one.

Billing
Patients have a right to receive information about their bill, including an explanation of the charges in a language they can understand. Expectations about payments can be stated in a patient information brochure and/or posted signs; for example, a sign may state that insurance copayments are due at the time of registration. For more information, please see the chapter titled ***Practice Management: Billing, Coding, and Collections***.

A clearly defined patient relations process that proactively addresses patient concerns may help resolve concerns at the first opportunity. This means preparing all staff members with tools and resources to address patient dissatisfaction, patient anger, and patient demands or complaints with non-defensive, non-argumentative and action-oriented responses.

Patient Dissatisfaction
Signs of possible patient dissatisfaction, such as comments regarding disappointment in the treatment, questions about bills, angry remarks, or requests to look at a medical record or send it to another provider, need to be explored to determine the reasons for the dissatisfaction and to attempt resolution. Signs of deterioration in a patient's emotional state may be seen by observing body language. Signs may include tightness in the jaw, a tense posture, a raised voice or a clenched fist. A normally talkative person may become unusually quiet.

Patient Anger
Even patients who are normally calm may quickly reach the boiling point when illness threatens their health, mobility and independence. Pain and fear can lead to increased stress, anxiety and frustration, which in turn can result in anger and even loss of control. Patients who are already on edge from being sick may not understand all the information being provided and become even more anxious.

The threat of a lawsuit is the ultimate weapon of many angry patients. Anger that is ignored is likely to fester and grow; a defensive stance may only further inflame an already volatile situation. Moreover, anger may be a cover for emotional pain, which can often be soothed once

it is uncovered. A calm approach may bring needed healing. Seize the opportunity to make things right.

When a healthcare provider observes escalating anxiety or anger, he/she should act quickly to determine the problem. The stated cause of the patient's anger may be an excuse, not a reason. In fact, the patient may be angry at a situation over which they have no control, a medical system they perceive as cold and unfeeling, or a world of sickness and disease they don't understand. Allowing the patient to vent his/her feelings in a productive manner can lead to a better understanding of the source of the problem.

Angry Letters

A patient or family member who writes an angry letter to a provider deserves a timely response. Since a written reply may be open to misinterpretation, the initial response should most often be verbal. A personal conversation may defuse both the anger and the likelihood of lawsuit.

Alternatively, or in follow-up to a verbal response, the provider may choose to write a carefully worded letter expressing empathy with the patient and sorrow for the circumstances that led to the issue. It's important to recognize that expressing empathy is appropriate; however, expressing fault or responsibility is inappropriate in almost all situations. For more information on how to appropriately express empathy, see the chapter titled ***Disclosure***.

Safety

When responding to an angry patient, the safety of other patients and staff members should always be considered. Whenever possible, hold the discussion away from other patients. If the patient is verbally abusive, remain calm and professional. Keep some distance from the patient and do not respond until the patent finishes. When the time comes, respond with a soft, calm voice and refer to the patient by his/her name. It is important to paraphrase the patient's concerns and show accepting body language. Appreciate that the patient's anger may be an expression of his/her fear or sense of helplessness.[5]

Patient Demands and Complaints

Common non-medical complaints include waiting times, telephone etiquette, rude or inattentive office personnel, delays or nonresponse to telephone calls, and parking lots and sidewalks that are not well maintained. While patients may be reluctant to share their concerns with the physician, they may have no problem voicing their concerns to a staff member.

Complaints involving administrative issues can usually be handled by the practice manager or other designated personnel. Complaints involving medical issues generally should be addressed by the physician.

Manipulation
Some demanding patients and/or family members expect the provider to be available to them at all times. Some patients may threaten that they will leave the practice or sue if their demands are not met. Demanding patients need to be given boundaries.

Request or Demand for Return of Fees
In some instances, patients who are not satisfied with their care and/or outcome may refuse to pay their bill, request a refund, or ask for money to pay for subsequent care. Additionally, if they don't receive the compensation requested, they may threaten to sue or file a complaint with the state licensing board. Understanding the problem from the patient's perspective will go a long way toward reaching an amicable resolution.

Refunding or waiving fees or copayments or offering to pay for subsequent care can be fraught with various difficulties. Many factors need to be considered, including third-party payer contracts, reporting requirements, and Medicare compliance and legal issues. The advice of legal counsel should be sought before refunding or waiving any fees or co-pays or offering to pay for subsequent treatment.

Third-Party Payer Contracts
Contracts with third-party payers (including Medicare) usually require that copayments and deductibles be collected at the time of service; waiving or refunding fees may be limited or even prohibited. Some plans allow a physician to waive a copayment or deductible only after a patient has demonstrated financial need and to refund such payments only if the physician also refunds any fees paid by the third-party payer. It is important to review contracts and follow their provisions to avoid allegations of insurance fraud or abuse. For more information, see the chapter titled ***Corporate Compliance***.

Reporting Requirements
The National Practitioner Data Bank (NPDB) specifically addresses reporting requirements regarding practitioner fee refunds and debt waivers, to wit:

> **Practitioner Fee Refunds**
> If a health care practitioner's fee is refunded by an entity (including solo incorporated practitioners), the payment must be reported to the NPDB if the conditions described in the next paragraph are met. A refund made by an individual, out of personal funds, should not be reported to the NPDB.
>
> For purposes of NPDB reporting, medical malpractice payments are limited to exchanges of money. A refund of a fee must be reported only if it results from a written complaint or claim demanding monetary payment for damages. The written complaint or claim must be based on a health care practitioner's provision of, or

failure to provide, health care services. A written complaint or claim may include, but is not limited to, the filing of a cause of action based on the law of tort in any State or Federal court or other adjudicative body, such as a claims arbitration board.

Waiver of Debt
A waiver of a debt is not considered a payment and should not be reported to the NPDB. For example, if a patient has an adverse reaction to an injection and is willing to accept a waiver of fee as settlement, that waiver should not be reported to the NPDB. [6]

Additionally, Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA) created reporting requirements for physicians, clinics, hospitals, and liability insurers that provide monetary payments or write-offs to claimants in settlement of personal injury, malpractice claims, no-fault insurance or workers' compensation. Failure to comply with the terms of the act may result in civil monetary penalties, expose providers to potential litigation, and create the possibility of significant financial liability.

Accordingly, the advice of legal counsel should be sought before refunding or waiving any fees or copayments or offering to pay for subsequent treatment.

When does it end?
Agreeing to waive a patient's fee "just once" could set a precedent for future payments. For example, if the patient needs additional testing, treatment or surgery after having already received related services for no charge, he/she may expect not to be charged for the new services as well. Once fees are waived or reimbursed, it can be difficult to start charging the patient for related services again. Be sure to inform the patient of the specific fees that will be reimbursed or waived and clarify which past and future fees the patient will remain obligated to pay.

Corporate Compliance
Waiving or refunding fees to patients on Medicare could be viewed as an incentive for additional services or referrals. Without adequate documentation regarding the reasons for waiving/ refunding fees and additional evidence that Medicare payments were also refunded, the Office of Inspector General (OIG) could raises questions and/or start an investigation that may lead to charges, fines and or other penalties. Billing practices should be clearly outlined in a written policy and be consistently applied, including with regard to when fees are waived due to hardship and the process that needs to be followed to avoid potential fraud and abuse issues. The advice of legal counsel should be sought when developing such a policy.

How Can I Reduce Risk?

Establish a Patient-Centered Care (PCC) Culture	
Recognize elements of a PCC culture	• Establish a PCC culture by: ○ Focusing on the individual patient; ○ Developing a team approach; ○ Empowering patients; ○ Measuring effectiveness.
Seek additional information	• See the chapter titled ***Communication: Patients*** for more information on establishing a PCC culture.

Develop a Practice Philosophy Brochure	
Develop a practice brochure	• Develop a practice philosophy brochure or patient information booklet that addresses the following: ○ A welcome statement that outlines the practice's philosophy and goals; ○ A list of physicians and the medical schools from which they graduated, as well as any specialty board certifications; ○ A description of medical specialties represented and types of services offered; ○ Information about any advanced practice professionals and their scope of practice and, if desired, information about nurses and other support staff members and their roles in the office; ○ Days of the week and hours that the practice operates; procedures for contacting providers outside business hours; ○ Instructions on what to do in the event of an urgent or emergency situation; ○ Important policies, such as those regarding HIPAA, appointments, scheduling, insurance coverage, and referrals;

Develop a Practice Philosophy Brochure

- Telephone numbers and contact information, including a website address, if applicable.

Address Patient Complaints

Address complaints early

- Develop a policy and procedures for handling complaints. Understand that addressing patient concerns early may prevent a minor problem from escalating into a large one. Sometimes, a simple apology is all the person wants. Recognize that apologies may be offered when appropriate. Consider having the office manager or an attorney review a response letter before it is sent to the patient.

Identify a point person to address patient complaints

- Inform a physician or the office manager when a patient or family member has a complaint or concern.

Acknowledge limits

- Be honest with patients about what the practice can and cannot do, as no one can be all things to all people at all times.

Establish clear expectations for staff members

- Establish clear customer services expectations for staff members and other professional providers in the practice. Review these expectations at the time of orientation and periodically thereafter as part of the office practice's education process. Ensure that all practice personnel assume responsibility for patient satisfaction and for being aware of the signs of dissatisfaction.

Educate staff members

- Provide education to staff members using learning scenarios on complaint management. Consider including effective communication skills as a core office practice competency for all staff members. See chapter titled ***Communication: Patients*** for more information.

Consider asking patients about their experience before they leave the office

- Educate staff members to ask patient questions before leaving the office, for example: "How was your visit today?" "Is there anything else you need before you go?" If the patient has a complaint, take

Address Patient Complaints	
	steps to address it before the patient leaves the office.
Do NOT ignore anger	• Address anger as soon as it manifests or, in the case of passive aggression, as soon as it is suspected.
Be calm	• Remain centered and be calm, objective and professional when responding. Try not to personalize the anger and realize that it may be covering pain, hurt, fear, frustration, and, in many cases, feelings of despair, disappointment and helplessness. Identify who in the practice is skilled at listening and responding and use him/her as a resource when appropriate.
Set limits	• Understand that while anger is acceptable within certain limits, uncontrolled rants and any threats or acts of violence should NOT be tolerated.
Set boundaries	• Give demanding patients boundaries. For example, those who expect the provider to answer their telephone inquiries at all hours need to be given specified times to call. In all cases, honor the established boundaries in order to prevent a one-time exception from becoming the rule.
Acknowledge the patient's concerns	• Acknowledge a patient's concerns after allowing him/her to tell his/her story, and thank him/her for taking the time to make his/her concerns known. Listen in a nonjudgmental manner, giving the patient a reasonable amount of time before speaking. Paraphrase the patient's concern to indicate understanding. Explain the rationale for the current plan of care in a language the patient can understand. Do NOT try to overpower the patient with medical terminology or flaunt credentials.
Do NOT be defensive	• Do NOT be defensive, argumentative or devalue the patient's concern and perceptions. Empathize, educate and try to reason about the need to approach the matter from a medically optimal perspective.

Address Patient Complaints

Be aware of body language	• Try to be aware that body language can communicate as much as words.
Do NOT blame others	• Do NOT admit liability, blame other providers, or criticize staff members in front of the patient.
Offer additional help	• Recognize that offering one's own services or referring the patient to another provider or facility may be indicated if the issue is clinical. Consider other appropriate referrals if needed, such as social, pastoral or business referrals.
Follow-up	• Make good on the promise to follow-up on the situation that led to the patient becoming angry. Keep in mind that the patient does not need to know the details of any disciplinary action that may be taken. Ensure, however, that the patient knows that the specific matter has been addressed and changes have been implemented.
Trend complaint history	• Trend complaint history and patient satisfaction results over time, identifying areas for improvement.

Develop a Protocol for Responding to Angry Letters

Respond in timely fashion	• Establish personal contact with the writer of the angry letter to discuss the issue(s). Call the person, acknowledge the letter, express sorrow for his/her pain or other feelings, and, if anger persists, invite him/her to come to the office to discuss the issue at the earliest possible time. Ensure that the letter is answered by the treating provider.
Do NOT fear threats of a lawsuit	• Do NOT let the mere threat of a lawsuit preclude discussing the issue(s) with the patient.
Use caution if legal action has been taken	• If the patient who wrote the letter has retained an attorney, do not discuss the subject matter of the complaint with the patient. Do NOT admit guilt.

Develop a Protocol for Responding to Angry Telephone Calls

Transfer calls to provider if possible	• If an irate patient telephones the office, put him/her through to a provider immediately if at all possible. If

Develop a Protocol for Responding to Angry Telephone Calls

	that isn't possible, tell the patient that the provider will return the call within the hour. Ensure that the call is made within that time.
Listen and identify	• Allow an angry patient reasonable, uninterrupted time to vent anger. Identify the problem before trying to solve it.
Avoid being defensive	• Do NOT buy into the patient's anger and respond to it in kind, as responding to anger with anger only escalates an already volatile situation.
Be empathetic	• Express empathy with the patient and sympathy for any pain and suffering. Recognize that expressing empathy is more than simply saying a few words. For more information on expressing empathy, see ***Tips for Effective Disclosure***.
Do NOT admit guilt	• Do NOT admit guilt if the patient becomes accusatory.
Do NOT tolerate abuse	• End angry calls that become abusive. Inform the caller that it is the abuse, not the subject of his/her anger, which is the reason for terminating the call. Allow room for another telephone call if and when the caller becomes more composed.

Address Angry Patients in the Office

Take person aside	• Take a patient or visitor who becomes angry or disruptive in front of other patients into a private area to discuss, and if possible, resolve the reason for his/her anger.
Do NOT tolerate abuse	• Tell a patient or visitor who is verbally abusive to others in the office that he/she will be escorted from the office if the behavior does not stop. Notify police if the abusive language or behavior continues and the person refuses to leave the office.
Develop a written policy to manage actual or threatened violence	• Develop a written anger management protocol detailing how violent persons will be managed, how the safety of other persons on the premises will be maintained, and the indications for calling local law enforcement officials.

Handle Threats and Ultimatums

Act in the best medical interest of the patient

- Do NOT let the threat of a lawsuit or leaving the practice be a reason for a provider to abandon his/her clinical judgment. Let decision-making be guided only by consideration of the best medical interests of the patient.

Do NOT fear medical professional liability litigation

- Do NOT accede to the wishes of an angry patient simply out of fear of threatened medical professional liability litigation. Do NOT allow intimidation or manipulation.

Advocate for the patient

- Understand that in some situations, a minor child or other patient might be the focal point of a major disagreement between two family members or other concerned individuals, and that the provider's role in such situations is to advocate for the patient. Consider consulting with an attorney in all but emergency situations before taking any steps on behalf of the patient caught between two warring parties.

Address Aggressive, Violent or Disruptive Patients and Family Members

Set clear expectations

- Set clear expectations with patients that aggressive, violent and/or disruptive behaviors will not be tolerated.

Inform staff members

- Inform staff members of the steps to follow to defuse or de-escalate the situation. Provide staff members with clear directions on what to do if the situation becomes difficult to manage (for example, contact the office manager, call for back-up support). Include the following techniques:
  - Appear calm;
  - Allow for extra physical space;
  - Use a low tone of voice;
  - Do NOT maintain constant eye contact;
  - Do NOT be defensive;
  - Do NOT answer abusive questions;
  - Empathize with feelings, NOT the behavior;

Address Aggressive, Violent or Disruptive Patients and Family Members	
	○ Do NOT attempt to argue; ○ If de-escalation is not working, trust the instinct to invoke the next step (for example, telling the person to leave, calling for help, leaving the room, and calling the police).
Instruct staff members on emergency procedures	• Instruct staff members on the emergency procedures to follow if the situation escalates to a potentially or actually violent or unsafe situation (for example, call 911, activate the office code button).

Develop a Policy on Responding to Negative Internet Posts	
Develop a policy that addresses the use of social media and responding to patient posts	• Develop a written set of guidelines for people who post on the office practice's web page and provide a link to the guidelines on the web page. Indicate that obscenities, personal attacks or derogatory remarks are not allowed and that the goal of online communication is to build positive relationships that are conducive to problem solving.
Develop system to review and respond timely to patient complaints	• The speed of the reply is critical to mitigating further negative feedback and/or misunderstandings. Always respond in a positive, professional, patient-oriented manner. • Be extremely careful in addressing any incorrect information, ensuring not to violate the patient's privacy under HIPAA. ○ First consider acknowledging the posting by thanking the patient for feedback[7] and inviting the patient to contact the office directly to discuss concerns. ○ When writing any response, be objective and professional. Make sure the response is well written and contains no grammatical or punctuation mistakes. ○ Only respond with factual, generalized information; for example, "As indicated in the ACOG guidelines; AMA guidelines indicate that this procedure is…; it is my practice when performing this procedure to use..." If possible,

Develop a Policy on Responding to Negative Internet Posts

share the link to the site where the information is contained.

Do NOT delete negative posts

- Make it a practice not to delete negative posts, although it may be tempting to do so.[8] Disappearing posts only will appear suspicious to those who follow the website and may further aggravate the person posting the information.[9] However, any post that is completely inappropriate or contains foul language should be deleted and the person who posted the inappropriate content should be notified why the content was deleted.[10] If content guidelines are in place, the person should be referred to them.[11]
- If negative information is posted on a public site, contact the site administrator and request that information be removed from the site. Public sites will usually remove any post that appears defamatory or uses inappropriate language.
- If the post from a patient appears to be simply ranting or sarcasm, consider not responding. The post will speak for itself. In some instances, a response may push an angry patient to post additional rants or otherwise escalate the situation.

Consider setting up a dashboard

- Recognize that methods to set up a social media monitoring dashboard are available online at Google Alert and Search.Twitter.Com.[12] These dashboards are designed to assist a business to keep informed about its online reputation and quickly locate negative comments that may be posted.

Develop a Policy on Financial Reparations

Consistently follow billing practices

- Develop a billing policy that address the practice's billing processes and ensure they are consistently applied. The guidelines should address when fees may be discounted or waived for financial hardship or other appropriate reasons. Ensure that the documentation for any such actions taken is thorough.

Develop a Policy on Financial Reparations

Take care waiving or refunding fees	• Call your medical professional liability insurance carrier's claims department and/or an attorney before agreeing to waive or refund money at the request of the patient. Recognize that under certain circumstances, such a payment may be reportable to the National Practitioner Data Bank and/or under Section 111 of the Medicare, Medicaid and SCHIP Extension Act (MMSEA). • Regardless of whether a fee or copayment is waived or not, do NOT admit liability.
Do NOT pay for another service	• Recognize that, as a general rule, no compensation should be offered when a patient demands payment for a treatment, procedure or service to reverse, cover or undo work already completed, as there is no guarantee the patient will be happy with the results of the second procedure or that the second procedure will be free of complications that could involve the providers in a continuing spiral.
Contact risk management	• Contact your medical professional liability insurance carrier's risk management department for guidance through these situations. For hospital-owned practices, contact the risk management department.

Document Appropriately

Include pertinent information only	• Ensure that the medical record documentation only includes the information that is pertinent to the patient's current plan of care. For example, if the patient is questioning why certain procedures were not ordered, an appropriate medical record note should reflect the patient's question, the response, and any additional recommendations that were made for the patient's continuing care.
Be objective and factual	• Be objective and factual in documenting. Do NOT document opinions, assumptions or accusations. Contact your medical professional liability insurance carrier's claims consultant or legal counsel with questions regarding medical record documentation.

Document Appropriately	
Use a complaint form	• Document complaints on a complaint form that includes reference to the confidentiality protections afforded under state law. See the sample ***Patient Relations Communication Form***.
Do NOT put the complaint form in the patient's record	• Retain complaint forms or correspondence in a separate, confidential patient relations file.

Consider Using a Patient Satisfaction Survey	

Consider using a patient satisfaction survey	• Consider adopting a tool to survey patients on their experiences in the office. Practices can solicit feedback from patients in a variety of ways, including phone surveys, written surveys, focus groups or personal interviews. See the sample ***Patient Satisfaction Survey Physician Office***.
	• Determine whether to monitor results in the office or outsource this task to a vendor.
	• Develop a questionnaire or use a product that has already been developed by an outside vendor. Recognize that products developed by outside vendors have likely been tested and validated.[13]
	• Cover the following areas in the survey:
	  ○ Quality of care; for example, is the patient satisfied with his or her medical care?
	  ○ Access to care; for example, is it easy to make an appointment or get a referral?
	  ○ Confidence in provider/interpersonal care; for example, are the physicians and staff members caring and compassionate?
	  ○ Coordination of care.
	  ○ Overall appointment experience.
	• Use brief and easy to understand survey questions that request survey takers to respond using a 1 to 10 scale.
	• Consider one or two open ended questions; for example: How can we improve?

Consider Using a Patient Satisfaction Survey

- Collect demographic information while maintaining anonymity; for example, to identify whether satisfaction scores vary based on the patient's health insurance plan.
- Consider how to distribute the survey. Consider mailing surveys rather than handing them out in the office or using a drop box. The survey results may be skewed if staff members avoid handing the survey to patients known to be dissatisfied or angry.
- Set up a process to analyze the data. If the practice does not have the time or resources to analyze survey data, consider outsourcing this step to a firm that specializes in healthcare data analysis.

Prioritize improvements

- Based on the analysis, prioritize improvements that will impact the patient experience and communicate those changes to the patients. For example, based on survey results, the office practice may decide to change its office hours to be open later in the day. Such a change and how it came about should be communicated to the patients.
    - **Access to the office**: If the practice has parking problems, let patients know of potential issues before they visit and give them proper directions regarding when to call to confirm an appointment.
    - **Office Process Efficiency**: If the practice receives complaints about delayed lab results or other issues related to its medical processes, work to improve efficiency. Giving patients a printed summary of their visit and an action plan to take home may be one possible solution. Patients want to know the practice cares, even after the appointment is over.
    - **Wait Times:** If the practice has long wait times, communicate to patients how much longer they will have to wait to see the provider.
    - **Quality of Physical Environment:** If the quality of the physical environment isn't as nice as it could be, revamp it. A new set of chairs and lamps could make all the difference. Consider

Consider Using a Patient Satisfaction Survey

adding plants around the office (and remember to water them). Make sure restrooms and exam rooms are clean and uncluttered.

- **Staff Members**: If complaints are received about staff members being rude or unfriendly, assess how each staff member interacts with the patients. A smiling and friendly attitude never causes bad reviews.

Consider Terminating the Professional Relationship

Terminating the relationship

- Consider terminating the professional relationship with a patient who is suing the provider, explaining the reasons for the action and following the steps outlined in the chapter titled ***Terminating the Provider-Patient Relationship***.

Address Billing Complaints

Address patient billing complaints

- See the chapter titled ***Practice Management: Billing, Coding, and Collections*** for more information.

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