Ready, Set, Go: Know Your Risks
Leadership Tool for a Learning Organization

Managing Patient Complaints and Grievances

WHY IS MANAGEMENT OF PATIENT COMPLAINTS AND GRIEVANCES IMPORTANT?

- Patients underreport unhappiness with their healthcare,¹ and although only 50% of unhappy customers complain to service providers, 96% tell at least nine friends or family members about a negative experience.²
- Complaints about clinical issues—“a proxy for risk of lawsuits”—are not random or circumstantial. Rather, they are distributed among a minority of providers and indicative of variation in professional performance that is associated with clinical complications and risk of malpractice claims.³
- The Centers for Medicare and Medicaid Services and private accrediting organizations require effective systems and processes for addressing patient complaints and grievances.
- Although these standards are well established, transparency of patient satisfaction—or lack thereof—has evolved significantly in recent years; online reviews, whether captured by the organization, an independent entity, or through social media, are now part of how many patients choose providers.
- Proactive management of complaints using service recovery techniques can keep small issues from becoming big problems, and mitigate a host of risk management concerns; complaint and grievance data also yield valuable information for quality improvement initiatives.

DID YOU ASK?

- How effectively does the organization’s complaint and grievance process capture and resolve all patient concerns?
- What is the organization’s average turnaround time for responding to patient grievances?
- Are physicians and staff skilled in communicating with dissatisfied patients and family members (e.g., able to listen nondefensively, show empathy, handle emotion, and follow through)?
- Does the organization analyze data from complaints and grievances to facilitate quality improvement?