

Opinion

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Patient Complaints: Do You Open the Door?

Zeroing in on a patient's grievance is not my favorite activity. It makes me acknowledge that their "ophthalmic care experience" wasn't up to expectations. To avoid blaming myself, I have a tendency to dismiss the complainant as irascible, the circumstances as unavoidable or the issues as trivial.

Reluctantly, over the years I have learned to fight these counterproductive tendencies, and I have come to value the complaint as an opportunity to improve.

Have you heard of the Rule of 10?

That is, for every patient who complains to you, there are ten who complain about you to their friends and family. But there's a second Rule of 10 that applies to most ophthalmology offices I've seen: For every patient who complains to you, there are ten who complain to your office staff and you never hear about it. Do the math. If you hear a complaint, you've got a problem.

Complaints are a harbinger of malpractice claims, a barometer of malpractice risk. One study of 645 physicians in an academic group practice showed that 9 percent of the doctors generated 50 percent of the unsolicited patient complaints.¹ Lawsuits, settlements without litigation and risk management activities were each strongly associated with numbers of complaints against physicians, and these significant correlations persisted even after correction for volume of clinical activity.

Who complains? Assertive people. By the time they are angry enough to complain, their assertiveness may have

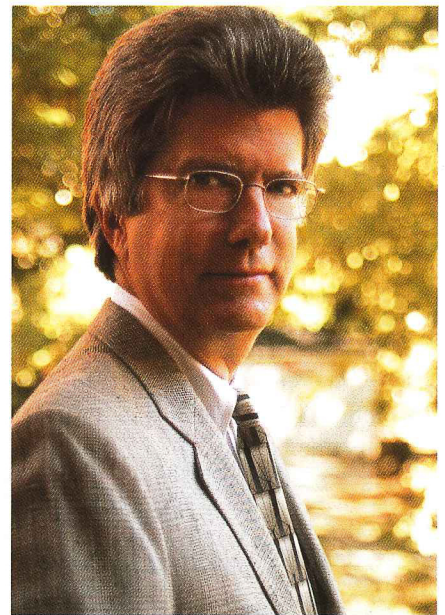
escalated into obnoxiousness. After fielding the complaint, it's easy to classify the patient as a personality disorder. More likely, there lurks a systems disorder in your office!

What are complaints about? Complaints usually result from breakdowns in communication, not about issues of technical competency. Often, it seems the circumstances leading to the complaint were unavoidable, so nothing could have been done about it. But if the office system had been designed differently, then the basis for the complaint would not have existed. The system needs to be fixed, not the blame.

Why do people complain? To make things better for themselves or the next guy. To deal effectively with a complaint, the first step is to validate it directly to the patient. A complaint is never trivial to the complainer. The next step is either to mitigate the problem for the patient (if it's not too late to do so) or to explain how you plan to avoid a similar situation in the future. Finally, never forget the magical power of an apology. The sympathy expressed, the compassion emoted and the humility implied are powerful symbols of the value you place on the relationship with the patient.

Maybe it is time to celebrate patient complaints. Without them, quality improvement would depend on satisfaction questionnaires, which are increasingly viewed as a burden by those who are asked to complete them. Encourage your employees to tell you about complaints. You'll have to promise not to assign blame and be willing to accept your share of the responsibility when appropriate. Brainstorm with your staff on how to alter office procedure to eliminate the cause of the complaint. When an opportunity for practice improvement knocks, open the door and welcome it in.

1 Hickson, G. B. et al. *JAMA* 2002;287:2951-2957.



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