Five common patient complaints and how to avoid them — foster loyalty by showing that you care

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Some patients are quite prepared to change doctors if they are not satisfied with the quality of services they have received. To ensure patient loyalty, you must know what your patients need and respond to their complaints. Simply giving the best medical care isn’t enough anymore; patients are also looking for convenience and courtesy. Here are five common patient complaints and how to avoid them.

Complaint number 1 - ‘My doctor makes me wait too long’

Even with all the advice doctors have received, waiting time remains the top patient complaint. Ideally, patients should not have to wait more than 15 minutes for their appointments. Medical practitioners are not always working under ideal circumstances, however. For your practice to run smoothly and your patients to remain happy, your appointment schedule must be realistic.

The appointment book is the ‘control tower’ of a medical practice. Scheduling should be determined by the amount of time it takes to complete a visit, including not only the time the patient spends with the doctor but also the time the patient spends filling out paperwork beforehand. Some doctors want to see patients every ten minutes, but if patients have forms to complete before the consultation, they probably will not consistently complete the paperwork in time to make such a schedule possible.

To make your schedule work as it should, your practice could ask new patients to come in ten to 15 minutes before their scheduled appointments to fill out their paperwork. Or your staff can reduce the amount of time spent completing paperwork in the rooms by mailing some of the forms to new patients before their appointments. Such mailings could include stamped, pre-addressed envelopes so your staff can process the paperwork before the appointments.

Only you can prevent patient waits

A realistic schedule also reflects the doctor’s mode of operation. A consultant, or your practice manager, can design a perfect schedule, but only you can make it work.

When designing a schedule, I, as an administrative consultant, sit down with the practitioner and discuss his or her work preferences. For example, I find out how much time he or she likes to spend with new patients and how much time he or she needs for a follow-up visit.

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Your speciality also can influence appointment scheduling. For example, using ‘wave’ scheduling, the staff schedules three patients at the top of the hour and the doctor sees them in the order in which they arrived. This form of scheduling can work beautifully in an obstetrics practice; the patients usually do not wait more than 15 minutes for their appointments because obstetric visits are relatively short.

Wave scheduling may backfire in other specialties however. Patients may complain when they realize they have been scheduled to see the doctor at the same time as other patients. When patients walk into a full waiting room, they think, ‘What did they do, schedule everyone at once?’

Occasionally, doctors have a difficult time sticking to the schedule. For example, you may find it difficult to break away from talkative patients. If so, your staff can help by signalling — for instance by tapping on the door — that you need to see the next patient.
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Build in flexibility
No matter how well an appointment schedule reflects your patients’ needs and your preferences and specialty, it must contain a certain amount of flexibility to allow a schedule to catch up, if necessary, or to adapt as needed in emergencies. If your practice is completely booked with appointments, you will have to skip lunch or stay late. Ideally, your staff should leave two 15- to 20-minute openings, one in the morning and the other in the afternoon, in the schedule for such visits.

Complaint number 2 — ‘My bill is too high’
One way to ward off complaints about fees is to prepare patients up front. For starters, include information about fees for service in a ‘new patient’ packet.

You may not want to discuss how much you charge, but patients should know what is expected of them when they come to your practice. For example, I worked with a diagnostic centre staff who let patients know that the centre expected insured patients to pay at least 20% of the bill up front and uninsured patients to pay the full amount.

This staff also informed new patients of a consultation cost. Generally speaking, a staff should be able to estimate the charge for a typical first consultation for new patients. This way, patients are prepared and should not be totally overwhelmed by their bills.

The staff also should make sure that patients understand their statements before they leave the office. Make sure the wording on the statements is clear. Many times patients just do not understand the bill. You do not want patients to leave your surgery feeling frustrated. They will start to brood about it and, eventually, their feelings will erupt into anger. These patients even may decide that they are not going to pay their bills. The staff should try to dispel patient dissatisfaction by answering questions about the statements and by letting patients vent a little.

With computer billing, ‘ageing’ can be a problem. A patient may come in for a consultation at the end of the month and wind up in an ‘aged analysis’. He or she reads a message on the statement that the bill is past due even though he or she did not previously receive any other bill. This practice can generate a great deal of resentment.

Taking patients seriously
The billing problem is compounded when the office staff assumes that patients’ objections are just stall tactics. The staff needs to turn around the situation by trying to clear up any confusion. If patients truly understand what they are paying for, they usually will pay it.

It is important that your staff exercise good judgment as well as diplomacy. If, in the process of complaining about the bill, a patient complains about the treatment, that information immediately should be relayed to you. You may be able to avoid a malpractice situation by quickly responding to such a complaint.

Complaint number 3 — ‘When I call my doctor’s surgery I get a busy signal’
Patients often complain that it is too difficult to reach their doctor. You must have adequate telephone lines to eliminate constant busy signals. Three rotating lines usually are sufficient for appointment scheduling. Installing another, separate line for billing questions can take some of the load off your front desk person. If your practice must schedule a lot of tests, you may want a private line dedicated to outgoing calls. You also may want your own private line.

Ensure adequate staffing
Multiple telephone lines are effective, however, only when there is enough staff to manage them. One person must be assigned to the lines for appointment scheduling. I also like to see a primary and a secondary phone answering person. The secondary person should be trained to handle all telephone activities. Frequently, a backup person is not available to answer the phone, or the backup person is not used to getting back to people who have been put on hold. Your front desk person should answer the phone by the third ring. If he or she is too busy to do so, you need another person to help.

Complaint number 4 — ‘The receptionist was rude or abrupt’
It is vital to have a ‘people person’ in the receptionist position. The receptionist should be both competent and caring.

When interviewing to fill this position, it pays to call a prospective receptionist on the phone to evaluate his or her telephone manners. You want to know how this person is going to come across to patients because he or she will be the first impression potential patients have of your practice.

Once you have hired a receptionist, he or she should be trained in the proper telephone procedures for your surgery. All staff should know the exact protocol for emergency calls as well as how to avoid agitating patients.

When receptionists must put callers on hold, they should tell patients that they are going to be put on hold and then wait for the response. Receptionists seem abrupt when they automatically put patients on hold, and they also fail to find out whether calls are emergencies.

Patients also may become annoyed when they are put on hold and the line is suddenly silent as they may think they have been cut off. Some phone systems play pre-recorded information about the practice, or music, while patients are waiting. This is a
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Five common patient complaints

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Make sure patients do not wait for extended periods, however. When patients are kept on hold, they feel as if the practice is indifferent to their needs.

If a caller is on hold, the receptionist should return to him or her every 60 seconds to assure the patient that he or she has not been forgotten. Or the receptionist should offer to call the patient back.

A little courtesy goes a long way

The staff also should treat patients courteously when they arrive for their appointments. Patients need to be put at ease. The receptionist must make each patient feel welcomed.

At a recent meeting, healthcare managers and factory managers got into a heated argument when the factory managers said that their employees resented healthcare professionals calling them 'patients' instead of calling them by their names. The factory managers said that a receptionist who referred to an employee as 'the patient' is condescending.

You periodically must review the way your staff are handling patients. To make sure the telephones are being properly managed, I have called or have had someone else call a doctor's rooms and pretend to be a patient.

Patient satisfaction surveys also can be helpful. Your staff can give patients the survey along with other paperwork and ask them to put the completed surveys in a box. The survey should be limited to no more than five questions. The survey may ask whether the patients were pleased with the way they were treated on the phone or treated by the receptionist or medical assistant. Or it may simply ask, 'Was your visit pleasant?'

Complaint number 5 — 'The doctor did not return my call soon enough'

Medical practitioners should have specific call back times. For instance, you may choose to make calls near the lunch hour and just before 17:00. The actual time is not as important as establishing that calls will be returned at a particular time each day. That way your staff can tell patients when you will return calls.

Without specific call-back times, patients are inconvenienced. When I have spoken to patients about this concern, they tell me, 'I wish I knew when the doctor was going to call so I wouldn't have to sit here all day. It's a waste of my time.' I worked with one doctor who never returned patient calls until late evening, after all his other patients were gone. At that point, if patients needed prescriptions filled, they had to go out late at night to get them.

Here again, new patient packets can provide information about your procedures, including the time and procedure for getting prescriptions refilled and what to do in an emergency.