“Taking Responsibility”: Effective Methods of Responding to Patient Complaints by the Radiology Staff

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Introduction

- Modern radiology departments have strived and continue to strive for the highest efficiency and value in patient-centered care for cases occurring within the ambulatory and emergent settings.

- Despite the greatest of intentions and efforts, circumstances can still arise in which patient or physician dissatisfaction can occur.

- While no individual truly enjoys receiving complaints, it is the duty and responsibility of the radiology department to acknowledge and manage such situations as they arise.

- In 2014, the department of medical imaging at The Ottawa Hospital reported a total of 69% of all complaints were directly originating from patients and 16% were received from referring physicians.
Potential sources of Patient and Physician Dissatisfaction within the Radiology Department

- Prolonged delay in actual performance of an imaging study.
- Study not efficiently protocolled or not tasked for protocol.
- Prolonged stay in hospital admitting due to large patient volume.
- Equipment malfunction or required maintenance.
- Delay of patient transport (Inpatient setting).
- Unavailable or unsafe IV access (contrast studies).
- Routine study delayed for an emergent examination (Inpatient setting).
- Patient contrast allergy necessitating premedication.
Potential sources of Patient and Physician Dissatisfaction within the Radiology Department, cont’d.

• Dissatisfaction with the care received at the Radiology Department.
  • Poor interaction with radiologists and staff.
    • Prolonged wait to contact a radiologist.
    • Not having imaging results relayed in a timely manner.
    • Failure to receive communication of a critical or life threatening result.
    • Receiving an inaccurate radiology report.
  • Witnessing an argument amongst healthcare professionals.
    • Disagreements can occur, but are best handled behind the scenes and not in the presence of the patient.
Potential sources of Patient and Physician Dissatisfaction within the Radiology Department, cont’d.

- Dissatisfaction with the care received at the Radiology Department.
  - Inattentive or impatient physician.
    - Not having questions answered or feeling heard.
    - Being chastised by the physician or staff.
  - Poor physical appearance / cleanliness of the facilities.
    - Disorderly workspaces or waiting areas.
    - Impatience amongst the radiologists and support staff can adversely affect a patient’s perception of the department as well.
Potential Consequences of Patient Dissatisfaction

- Losing professional relationship with the physician or practice.
- Patient seeks care from another healthcare provider or hospital system.
- Injury to reputation and reliability of the Radiology and Nuclear Medicine Department.
Essential Strategies for Encountering an Upset Patient or Physician at the Personal Level

1. Acknowledge the patient or referring physician’s complaint in a calm manner.
2. Be empathetic to the situation of the physician or patient making a complaint.
3. If in disagreement with a referring physician, be constructive by offering alternative imaging studies or solutions.
4. Notify that an investigation will be conducted into any errors or potential sources of error to avoid a similar situation arising in the future. Having such a system in place within the department is essential to maintaining a well organized practice.

BUT ABOVE ALL ELSE, REMAIN CALM AND PATIENT. BE CONSTRUCTIVE RATHER THAN OBSTRUCTIVE.
Department Strategies for Managing Patient Dissatisfaction

- Be available and accessible and coordinated
  - Provide a phone service that is easy to reach
  - Consider use of a patient portal system for access of radiology reports and other patient-centered healthcare information.

- Bridge the gap by providing a meaningful outlet for responding to patient dissatisfaction.
  - Create an email account or webpage that can be used for patient complaints.
  - Consider a public terminal or kiosk accessible for patients to issue complaints and grievances.
  - Be receptive and prompt in response to such issues as they arise. Do not ignore and do not delay.

- Be respectful overall to the patients’ concerns.

- Plan a regular departmental meeting to discuss systematic patient complaints and use such meetings as a means to improve the department.
  - It is important to include nursing and radiology technologists as participants at such meetings as they have the greatest amount of direct patient contact.
Conclusions

• Over the years patients have taken on a more active role in the healthcare services they receive.

• Radiology departments need to be receptive to the thoughts and needs of their referring clinicians.

• Radiology departments should always be receptive to patient and referring physician complaints and be prepared to respond in a prompt and meaningful manner.

• It is important for radiology departments to bridge the gap and provide proper avenues for patients and referring physicians to be able to issue complaints and receive meaningful response.


