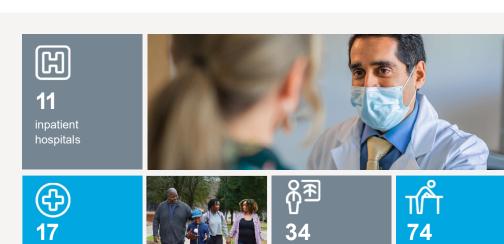
Wellstar Atlanta Medical Center

Developing a Proactive Service Recovery Model to Reduce Hospital Complaints & Grievances

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urgent care

facilities

©



locations



hospice facilities

imaging

centers

inpatient



rehabilitation

cancer centers

centers

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9







counties

in which we offer Home Health Services: Cherokee, Cobb, Douglas, Fulton and Paulding, Harris, Heard, Meriwether and Troup

3,000+

medical staff members

physicians and advanced practitioners in Wellstar Medical Group

1,900+ physicians in Wellstar Clinical Partners

and Wellstar Health

including:

Network

Our Mission

(the reason we come to work every day)

To enhance the health and well-being of every person we serve.

Our Vision

(aspirational and bold – drives continued action)

Deliver world-class healthcare to every person, every time.

Our Values

(the qualities we embody at our best)



We serve with compassion.



We pursue excellence.



We honor every voice.



Wellstar Atlanta Medical Center, Atlanta GA

Built in 1901, AMC today consists of 1 campus and has 300 inpatient beds.

2500 team members 1100 physicians on staff

AMC treats ~82K patients per year, including the delivery of ~2400 babies.

- The 4th busiest Emergency Department (ED) in Georgia.
 AMC is 1 of only 2 Level I Trauma Centers in Atlanta.
- Residency programs in family medicine, internal medicine, general surgery and orthopedic surgery.
- Highly rated in advanced surgery, bariatric surgery, cardiology, neurology, oncology, orthopedics, rehabilitation and women's health; also, includes a Level III Neonatal Intensive Care Unit (NICU).

Wellstar Atlanta Medical Center PX Team



Objectives

- Develop and sustain a proactive service recovery model
- Utilize complaint & grievance data to develop patient experience improvement initiatives
- Identify barriers to service recovery model development

Poll

Have you participated in a CMS or TJC surveyor review of patient grievances?

- Yes
- No

Describe how you felt in one word.

- TerrifiedCalm
- AnxiousPrepared
- NervousStoked



Conditions of Participation (CoPs)

- A-0118 §482.13(a)(2) Process
- A-0119 §482.13(a)(2) Governance
- A-0120 §482.13(a)(2) QIO Referral
- A-0121 §482.13(a)(2)(i) Instruction
- A-0122 §482.13(a)(2)(ii) *Timeframe*
- A-0123 §482.13(a)(2)(iii) Response

The Joint Commission Standards

- RI.01.07.01 EP 4 Review
- RI.01.07.01 EP 6 **Response**
- RI.01.07.01 EP 7 Instruction



Grievance

 Written or verbal complaint that is not resolved within 24 hours about patient care, abuse, neglect, patient harm, or issues related to the hospital's compliance with the CMS Hospital Conditions of Participation (CoPs)

Poll

How does your organization view patient grievances?

- "What are grievances?
- Insert eye roll
- "They just want their bill waived!"
- "What did we do wrong now?"
- "I wish that wouldn't have happened."
- "What can we do to make sure this never happens again?"

Organizational Perception

- Recognizing emotional harm
- Patient dissatisfier
- Minimum standard
- Necessary evil
- What's a grievance?



The Many Whys

- Attending to complaints may prevent adverse events
- Higher physician complaints associated with lower satisfaction ratings
- Lower satisfaction ratings associated with higher malpractice claims
- 96% of unhappy customers will tell at least 9-10 others
- The inability to address complaints erodes trust in our organizations

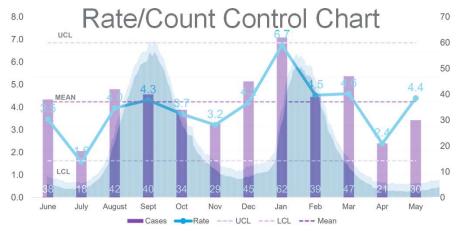
Robust Grievance Process

- Policy & procedures
- Clear standard work
- Consistent meeting cadence
- Diverse and passionate stakeholders

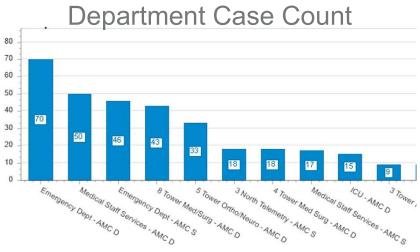
Utilize Grievance Data

- How are grievances captured?
- What variables might help us stratify?
- Categorize and sub-categorize
- Reporting cadence

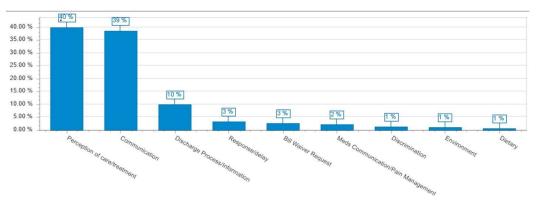
#SAFERs: > 7 Days NO Investigation (DT and South)	#SAFERs: 24hrs NO Severity Assigned (DT and South)	#Complaints > 24hrs (DT and South)	# Grievances > 7 Days (DT and South)
		1	6







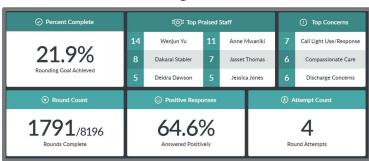




Case # Unit/Dept	Concern	Notification Date	Investigation Letter Date	Investigation Change Management Pt Communication	Grievance Letter Date
298624 ED - DT	Grievance filed by patient through Humana Physician Services: Member stated that he went to an urgent care of Wellstar Atlanta Medical Center on 4/17/2022 and was mistreated and yelled at. They asked him about his bill that he owes and did not try to treat him. Patient stated urgent care but PX team confirmed DT ED visit occurred on 4/17/22.	4/22/22	4/29/22	 ED & PAS conducted chart review and staff interviews PAS spoke to the patient regarding coverage and copay due for services per policy. No disrespectful or rude treatment was given to the patient PAS manager called the patient to address and provide service recovery ED staff confirmed patient was seen by physician and multiple diagnostic tests were performed ED staff do not have access to review balance concerns, but leaders have reminded their staff not to discuss patient bills 	S/5/22 Responded to Humana on 5/5/22 via portal

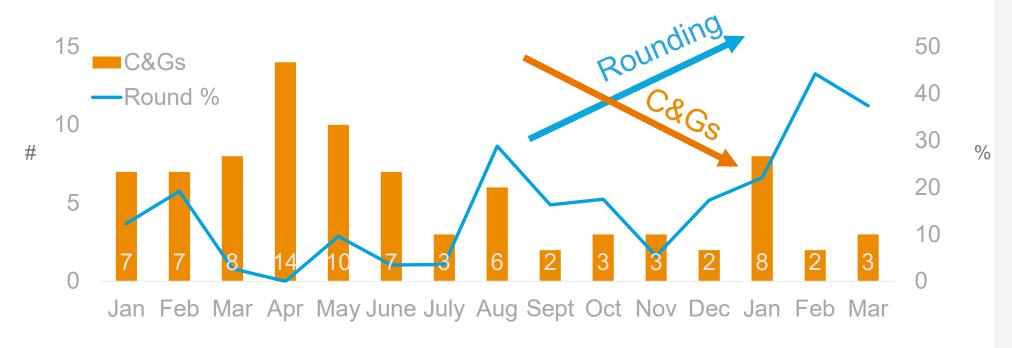
Rounding for Proactive Service Recovery

- **Documentation system**
- Rounding compliance expectations
- Daily service excellence report out
- Celebrate what you want to replicate
- Engage more leaders in proactive service recovery





AMC 5T C&Gs Counts and Patient Round % Compliance



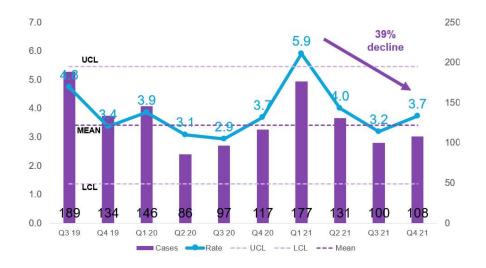
"I was treated with respect and love by the nurses!"

"The nurse leader visited me daily to discuss any concern and genuinely listened to me!"



Outcomes

- Organizational perception shift
- Leadership engagement
- 39% case count decline over 4 quarters
- TJC grievance policy audit = no findings



Barriers

- Hospital's perception of unsolicited patient feedback
- Lack of standard work
- Time and staffing

Sustainment

- Improvement sprints with high case volume departments
- All staff service recovery and de-escalation training
- Physician engagement
- C&G hospital target
- Ongoing C&G leader education

Questions / Additions



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