
PATIENT COMPLAINTS AND SERVICE RECOVERY

Patient rights requirements under the revised Home Health Conditions of Participation (CoPs) identify that a patient has the right to voice a complaint regarding services provided or services that they felt should have been provided. The agency under the CoPs are required to investigate the complaint, ensure that there is no discrimination to the patient due to the complaint, investigate the complaint and take actions to prevent further potential violations in the future.

As a home health provider, you are responsible for reporting complaints to your agency according to the agency policy and procedure.

Communication Dos

There are several things that you can do when a patient initially makes a complaint including:

- Listen without judgment to the patient's complaint.
- Allow time for the patient to talk about the issue.
- Show empathy for the patient's feelings, saying something such as, "I am sorry you are feeling this way."
- Apologize for the patient's experience, saying something such as, "I am sorry you experienced that."
- Ask if there is anything you can do now to solve the issue, saying something such as, "What can I do to fix the problem for you?"
- Discuss next steps with the patient, saying something such as, "I will report this to my supervisor, and she will follow up with you in a few days."

Communication Don'ts

There are several things you should not do in response to a complaint. This includes:

- Don't argue with the person. For example, don't say, "That could never have happened."
- Don't make excuses. For example, don't say, "We are so busy," "She didn't mean it" or "I am having a bad day/week/month."
- Don't blame others. For example, don't say, "It's not my job" or "The agency makes me do it this way."
- Don't promise solutions the agency might not be able to keep. For example, don't say, "We will give you a nurse every day" or "We will pay for it."

Service Recovery

Unfortunately, things will go wrong or patients may perceive that things went wrong. Either way, an established service recovery program will enable the staff and agency to respond to patient complaints or service failures.

Agencies can take the following steps as part of their service recovery program:

- Report the complaint no matter how big or small.
- Document the complaint including: date and time of complaint, date of event, names and contact information of people involved, and circumstances around the event.
- Investigate the complaint.
 - Clinical managers or other agency-designated individuals usually investigate complaints.
 - Interview complainants and document their version of the complaints. Notify them that an investigation is underway. Give an expected time for follow up.
 - Interview other people identified in the complaint.
 - Determine if a root cause analysis is required. A root cause analysis is a tool used to identify the cause of the problem. That's the case whether it is a person problem, system problem or process problem.
 - Document results of the complaint investigation.
- Follow up with the complainant, doing so at the manager level or above.
 - Within the follow up, thank the individual for submitting a complaint, provide findings from the investigation and detail any response the agency has made based on the investigation. Be aware of any legal ramifications of what you can disclose when it comes to in regards to employee information.
 - Verbal follow up may be appropriate for minor issues or as an initial response.
 - Note that verbal and written follow up should be completed for all major issues.
- Implement an action plan if needed.
 - Review and update any policies or procedures that may have been part of the service failure or may prevent future service failures.
 - Discuss with any staff member involved in the incident the investigation's outcome.
 - Work with human resources for any staff related action required.
 - Educate all staff members, as indicated, of complaints to prevent similar issues in the future.
- Track and trend complaints.
 - This allows for the agency to identify any similar issues occurring throughout the agency.

Home Health Care Consumer Assessment of Healthcare Providers and Systems (HHCAHPS)

Agencies serving more than 59 Medicare survey eligible patients each year must participate in the HHCAHPS process. HHCAHPS is a patient satisfaction survey administered by an approved vendor to home health patients. HHCAHPS includes questions related to patient care, communication, special care issues (medications, safety and pain), rating the care the patient received and if the patient would recommend the agency.

Agencies' results from the HHCAHPS surveys are publicly reported on www.Medicare.gov/homehealthcompare.

Agencies' response to patient complaints can impact HHCAHPS scores. Among the survey questions that could be impacted by an agency's response to complaints:

- How often did home health providers from this agency treat you with courtesy and respect?
- Did you have any problems with the care you got through the agency?
- In the last two months of care, did home health providers from the agency listen carefully to you?
- In the last two months of care, when you contacted this agency's office did you get the help or advice you needed?
- When you contacted this agency office, how long did it take for you to get the help or advice you needed?

All staff members play a role in patient satisfaction. That includes responses to complaints — no matter how big or small — that the patient makes. Knowing how to respond to a complaint and knowing your agency's customer service recovery plan will allow you to help improve your agency's HHCAHPS score.