

# Quick Check: DISSATISFIED PATIENT MANAGEMENT



Completing this checklist can help you improve how your practice identifies and manages dissatisfied patients in interactions that take place in the office, by telephone, or through social media. For any “No” response, consider updating your process.

	Yes	No	Notes
<b>Practice Policies and Procedures</b>			
1. The practice has an established written plan, consistently followed by staff, for managing dissatisfied patients.			
2. Staff members have been formally trained in handling difficult patient interactions, and the training is documented in administrative files.			
3. The practice has implemented a formal system for obtaining feedback regarding patient satisfaction or experience.			
4. The practice has a formal system for documenting and managing patient grievances promptly and for addressing patient dissatisfaction as soon as it is identified.			
5. The practice assigns responsibility for monitoring social media posts routinely for evidence of patient dissatisfaction.			
6. Data is routinely collected and analyzed for causes of dissatisfaction and to identify any trends within the practice.			
7. The practice tracks how frequently patients leave the practice by transferring care to another practitioner.			
8. Patient exit interviews are conducted by telephone or through a follow-up survey to determine the patient’s reasons for leaving the practice.			
9. Exiting patients are asked for recommendations to improve the practice.			
10. Patients are thanked when they provide constructive feedback for practice improvement.			
11. When appropriate, empathetic apologies are made to patients; e.g., “I’m sorry for the misunderstanding.”			
12. A corrective action plan is developed and implemented when practice deficiencies are identified.			
13. Periodic reviews of policies and procedures are conducted to evaluate the efficacy of clinical practices.			
14. Routine audits are performed to validate compliance with established protocols.			
<b>In-Person and Telephone Interventions</b>			
15. When dealing with an angry or dissatisfied patient, staff moves the patient to a private location if the conversation occurs in the waiting room, hallway, or reception area.			
16. Staff members remain calm and allow the patient to speak, while listening carefully and objectively. The patient is not interrupted.			
17. The patient or others are not blamed for the situation in question.			
18. Empathetic responses are used. Examples: “This must have been very difficult for you and your family” and “I am sorry you had such a bad experience. Let’s see how we can resolve this issue for you.”			

	Yes	No	Notes
<b>In-Person and Telephone Interventions</b> <i>(continued)</i>			
19. Angry or dissatisfied patients whose behavior does not deescalate are reassured that staff members are listening and advised that the practice is willing to work with them at <i>another time</i> when a constructive discussion is possible. Patients are then asked in a courteous and professional manner to leave the office or end the call.			
20. When interacting in person with emotionally volatile patients, staff members always position themselves physically to have a clear escape route to avoid being trapped.			
<b>Online and Social Media Interventions</b>			
21. The practice responds to adverse social media posts in a neutral (not defensive) manner.			
22. The practice responds without identifying or acknowledging online that an individual is a patient. (Doing so violates federal and state privacy laws that could lead to a complaint to the Office for Civil Rights and/or professional licensing boards and a formal investigation.)			
23. The practice listens to criticisms. (Online reviews are sometimes the only avenue available for patients to express their concerns.)			
24. Social media conversations are taken offline. The practice attempts to resolve disputes over the phone or in person, whenever possible.			
25. If an online response to a social media post is believed necessary, only generic language is used. For example: <i>Thank you for your comment. All concerns are taken seriously by the practice and are promptly addressed with the individuals involved. Pursuant to federal and state privacy laws, [Name of clinician] is unable to respond to this post online. Individuals with concerns are encouraged to contact our office staff to discuss concerns directly and to achieve an amicable resolution in a personal, confidential, and professional manner.</i>			
26. For continuing negative posts when the patient's identity is known, the practice considers sending a registered letter via U.S. mail, return receipt requested, to the patient's last known home address marked "personal and confidential." The letter indicates that if the negative and misleading posts do not cease immediately, the practice will have no alternative but to retain legal counsel and consider pursuing appropriate legal options.			
27. The practice contacts The Doctors Company (or their own professional liability carrier) for assistance in drafting the letter, if needed. The correspondence includes a reference to the practice's Conditions of Treatment agreement, which the patient should have signed at the initial visit when the practitioner-patient relationship was established. (If you respond "No" to this item, contact your patient safety risk manager for more information about Conditions of Treatment agreements.)			
<b>Preventive Actions</b>			
28. The practice sends letters to new patients after the first visit to thank them for choosing the practice.			
29. In a one-on-one discussion, the practitioner emphasizes the practice's commitment to answering questions and keeping the patient informed.			
30. Staff members are encouraged to be courteous and professional in all patient interactions.			
31. The practice educates staff members on communication techniques and interpersonal etiquette when interacting with patients, including tone of voice, eye contact, taking time with patients, and being respectful, friendly, and caring.			
32. The practice uses role playing for educating staff members.			

	Yes	No	Notes
<b>Preventive Actions</b> <i>(continued)</i>			
33. The practice discusses the results of patient experience surveys and patient grievances at staff meetings.			
34. The practice notifies The Doctors Company immediately if any of the following situations occur: (1) the patient makes threats of a lawsuit orally at the time of the visit or afterward by telephone; (2) the office receives correspondence from a patient or an attorney demanding the payment of money as a result of what allegedly transpired during an encounter; (3) the office receives a notice indicating that a lawsuit is being considered or has been filed.			
<b>Patients Who Want to Terminate the Practitioner-Patient Relationship</b>			
35. In situations involving patients who wish to end the practitioner-patient relationship, the practice documents the conversation in the patient's record and sends a follow-up letter confirming the end of the relationship with the effective date being the date of the conversation/notification. (It is strongly recommended that once the letter is sent, the practice does not allow the individual to reestablish a relationship with the practice.)			
36. The dismissal letter includes the following elements: <ul style="list-style-type: none"> <li>• The termination of the practitioner-patient relationship is at the request of the patient.</li> <li>• The dismissal applies to the entire practice (not just to a single practitioner).</li> <li>• The effective date of the termination is the date the patient provided notification.</li> <li>• Instructions for accessing patient records (including a copy of a HIPAA-compliant records release form).</li> <li>• Any recommended follow-up.</li> <li>• The patient may get a referral by contacting the medical or dental society, hospital referral service, community resource, or health plan.</li> <li>• Transition of care information (the practice's willingness to coordinate care with the future provider).</li> </ul>			

### The Doctors Company Resources

- Guide: *Effective Patient Communication: Strategies for Challenging Situations* at [thedoctors.com/patientcommunicationguide](https://thedoctors.com/patientcommunicationguide)
- Sample Patient Experience Surveys: For healthcare practitioners and dental professionals (in English and Spanish) at [thedoctors.com/patientexperiencesurveys](https://thedoctors.com/patientexperiencesurveys)
- Quick Check: *Patient Dismissal Process* at [thedoctors.com/quickcheckpatientdismissal](https://thedoctors.com/quickcheckpatientdismissal)
- Article: "Dealing With Online Patient Complaints" at [thedoctors.com/articles/dealing-with-online-patient-complaints](https://thedoctors.com/articles/dealing-with-online-patient-complaints)
- Article: "Terminating Patient Relationships" at [thedoctors.com/terminatingrelationships](https://thedoctors.com/terminatingrelationships)
- Form: *First Report of Claim or Incident* at [thedoctors.com/claims](https://thedoctors.com/claims)
- Education: *Risk Management Fundamentals for the Practice Manager* at [thedoctors.com/practicemanager](https://thedoctors.com/practicemanager)

For additional guidance, contact the Department of Patient Safety and Risk Management at **800.421.2368** or by email at [patientsafety@thedoctors.com](mailto:patientsafety@thedoctors.com).