Patient Complaints: Not Ours to Own, But Ours to Fix

Dr. Peter Pronovost, Director of the Armstrong Institute for Patient Safety and Quality and Senior Vice President for Patient Safety and Quality at Johns Hopkins Medicine, and Jane Hill, Patient Relations Director at Johns Hopkins, recently reported on patients’ 10 most common complaints related to hospital stays (Pronovost, 2015). As you will see, most of these complaints are not necessarily a result of nursing care, although we contribute to many of the issues. What is important—if we truly believe in patient- (or person-) centered care—is that these situations are ours to fix.

The patient relations department of Johns Hopkins compiled the patient complaint list after a town hall-style meeting addressed the idea of improving patient-centered care. What might be important for us to remember is that not everyone who wants something improved or who has had a bad experience takes the time to write, call, or respond to surveys. So, in my view, this is a list of complaints that those well enough, motivated enough, and brave enough have shared. Imagine what else remains!

If you are surprised by the complaint list, you have not been near a hospital in decades. Yes, some of the complaints on the list are so obvious that you could predict them from watching medically based television shows or walking down the corridor of any hospital and being observant. Why should we—those who focus on ongoing professional development—care? Because when the basics of care fall by the wayside, we need to refocus and start anew. The list can serve as a topic for unit-based discussions about how patients want to be treated. Some concerns may require creative approaches, but others are so obvious that we can just use the NIKE™ approach: Just do it! The key is helping others to address the issue so that we either own it and just do it or we create solutions.

Here is the list:

1. Sleep disruptions. Yes, sometimes we have to wake people to intervene, but, for example, in most cases, do we really need to do a 4-hour blood pressure check in the middle of the night? This one may not be ours to own, but we might be able to work out a schedule to avoid disruptions.

2. Noise. Okay, we do own this one. Sometimes it is another patient making noise, but most times it is us! Let’s own it, and fix it!

3. Lost possessions. In my opinion, this one is a challenge. We have to keep some items readily available (e.g., dentures), but we also need to keep them secure. Other items need to be locked away. Hotels do not guarantee safety of possessions, but they do offer small safes in the room. What is the reason hospitals don’t?

4. Barging into rooms. Although we are not the only violators of privacy, we need to address this issue. We see the patient care area as “ours,” so it is likely we feel we have free reign. But we wouldn’t think of entering a closed bathroom door at home without knocking. Let’s think about this one and act on it!

5. Updated information. What good is the patient information board if it is not current? This one is ours, and we can fix it!

6. Unclear communication. Nurses could write a book about this one! This complaint is everyone’s to own. We can be more assertive in listening to the communications with the patient and being sure that he or she understands what was said. Further, we can ensure that the information is carried forward to the rest of the staff and the patient’s family.

7. Messy rooms. ICK! You may recall that people at the turn of the 20th century were frightened of going to the hospital because it was considered as a place where one went to die. Now, people are concerned because that
is where one gets hospital-acquired infections! It may not be totally ours to own, but we can help to fix this one, too.

8. Engagement in care. Small gestures, such as explaining and asking questions, can help alleviate this patient complaint. Ask questions such as “How do you do this at home?” and “What do you prefer (when two or more choices are possible)?” or make statements such as “I am going to help you turn to your side.” Those are all ours to own. And then we have other challenges when, for example, the patient doesn’t know what physical therapy is accomplishing, why the physician said what was said, or why the food looks so different from what is eaten at home. This patient complaint is a real challenge, and we have a big role in resolving it.

9. Lack of physical plant instruction. Some patient questions may include “How do I call for help? How does the TV work? How does the phone work? How do I move my bed up and down?” Those are just a few of the questions patients may ask because no one told them or because a sheet of information regarding such operations was not available or was buried in dozens of pieces of paper related to the admission. We can fix it!

10. Unprofessional behavior. How we look, how we speak, and how we behave are all judged by patients. Do we look trustworthy? Do we look as if we, too, believe in the germ theory? Are we discussing topics or people in the presence of patients? We can improve this one.

These complaints are all aspects of care that we can make better if we commit to patient-centered care and then live like we have committed to it. What would you find if you conducted such a review of patient complaints? What are ours to own, and how many of those concerns can we fix?

REFERENCE