Patient Satisfaction in Radiology: Qualitative Analysis of Written Complaints Generated Over a 10-Year Period in an Academic Medical Center

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Purpose: The aims of this study were to review patients' complaints about their care in radiology and to determine key areas for improvement.

Methods: An institutional review board–approved, HIPAA-compliant study was conducted to retrospectively evaluate all radiology-related patient complaints received by the authors' institution's Office of Patient Advocacy from April 1999 to December 2010. The internal review classified the complaints into those that concerned medical complications, radiology staff members, failure to provide patient-centered care, and those that related to quality on the basis of radiologic benchmarks of safety, systems, and professionalism. The rate of successful complaint resolution was also tallied. The incidence of complaints per modality was calculated as a fraction of the total number of radiologic examinations performed.

Results: A total of 153 radiology-related complaints were identified. The majority of complaints (60.1% [92 of 153]) described a failure to provide patient-centered care. Of the remaining complaints, 26.2% (40 of 153) reported physical discomfort, 10.5% (16 of 153) reported a combination of both physical discomfort and lack of patient-centered care, and 3.2% (5 of 153) were not related to either category. Of the complaints regarding quality, 44.5% (68 of 153) were associated with operational systems, 24.2% (37 of 153) with safety, 17% (26 of 153) with professionalism, and 14.3% (22 of 153) with multifactorial events. Delays accounted for 20.2% of complaints (31 of 153), and 49.6% of complaints (76 of 153) concerned radiology staff members. Complaint resolution was achieved in 83.6% of cases (128 of 153). The overall incidence of complaints per radiologic procedure was 0.238 per 10,000. The incidence of complaints associated with interventional procedures (3.26 per 10,000) was significantly ($P < .05$) higher than the incidence of those associated with noninterventional examinations (0.138 per 10,000).

Conclusions: Failure to provide patient-centered care was the most common complaint; most of these complaints could be attributed to systems issues. There was a higher incidence of complaints related to interventional procedures than diagnostic examinations. Delays and providers' interactions with patients were identified as key areas for improvement.

Key Words: Patient satisfaction, patient complaints, radiology, patient advocacy, root-cause analysis, patient-centered care

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INTRODUCTION

Patient satisfaction is an important metric for health care improvement. Since the publication of the Institute of Medicine [1] report *Crossing the Quality Chasm: A New Health System for the 21st Century* in 2001, recommendations have been made to specifically focus on delivering patient-centered care. The Institute of Medicine [1] defined patient-centered care as care that is responsive and respectful of individual patients' preferences, needs, and values, as well as care that ensures that individual patients' values guide all clinical decisions. In radiology, patient-centered metrics are described in the literature and indicate patients' preferences in the timing of receiving radiology results [2], but to our knowledge, there are no qualitative data on patients' perceptions regarding coordination of care, communication of results, and staff members' attitudes toward patients.

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Since the introduction of the Hospital Consumer Assessment of Healthcare Providers and Systems as a standardized tool to evaluate patient-centered care and to provide scores, hospitals are better able to address factors that interfere with a positive and satisfying patient experience [3]. However, because there are several steps in the process of performing a radiologic procedure that may contribute to a patient's dissatisfaction [4], it is challenging to identify specific patient-centered practices that address key areas of the patient experience in radiology with the use of Hospital Consumer Assessment of Healthcare Providers and Systems surveys.

Qualitative data regarding patients' satisfaction and expectations can also be obtained by reviewing patients' complaints [5]. At our institution, complaints regarding moral, ethical, operational, and care standards associated with patients' experiences are collected and evaluated by the Office of Patient Advocacy (OPA), which acts as an intermediary between patients and the Massachusetts General Hospital. By addressing and investigating patients' complaints related to care, outcomes, and experiences, the OPA allows us to identify key areas in patients' services that need improvement in our specialty.

To our knowledge, no recent data have been published that describe and analyze the causes of patient complaints in radiology. The purpose of this study was to address this gap by performing a qualitative review of complaints collected over a period of 10 years from patients undergoing radiologic examinations and to identify areas for improvements in delivering patient-centered care.

METHODS

This retrospective evaluation of patient complaints received by OPA from April 1999 to December 2010 was approved by our institutional review board and compliant with HIPAA.

Cases

Complaints to OPA are sent by fax, e-mail, or written letter and include the following information: the nature of the patient's complaint, the patient's medical record number, the name(s) of the person(s) involved, the department in which the problem occurred, the date on which the problem occurred, and the patient's suggestions about how the problem could be resolved. OPA case files are reviewed and processed within a 30-day period, and a letter of resolution is then sent to the patient.

In cases in which another person complains on a patient's behalf, OPA first asks the patient's permission before starting an investigation. During an investigation, OPA talks with the family and patient about their concerns, contacts the person(s) named in the complaint, reviews all appropriate documents, and collaborates with patients on a possible resolution. Moreover, the department to which the complaint is directed is required to provide a response. Sometimes a root-cause analysis evaluation is performed. For this study, cases were deidentified by removing all personal data, and we evaluated the following information: category, description of event, and resolution or outcomes.

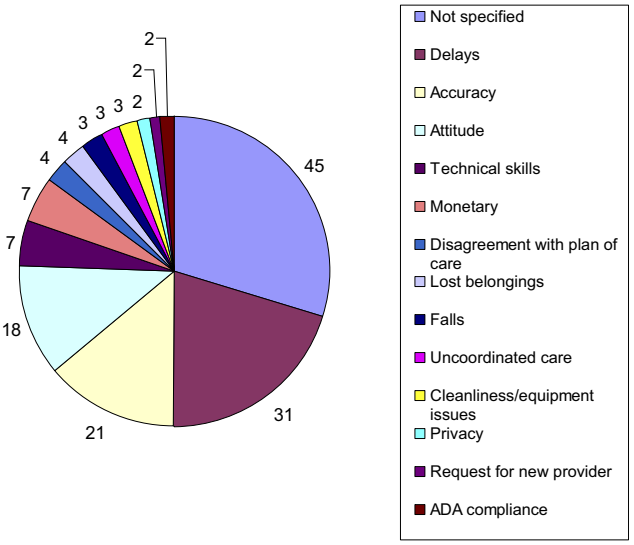

Fig 1. Classification of complaints by Office of Patient Advocacy categories. ADA = Americans With Disabilities Act.

Review of Complaints

Because the largest number of complaints was categorized by the OPA as "not specified" (Fig. 1), we performed a qualitative evaluation of the event descriptions to obtain more information regarding patients' experiences. This included an internal review in which complications, if any, were identified, and we determined whether the complaint stemmed from failure to provide patient-centered care. The complaints were also categorized into quality areas on the basis of benchmarks of safety, systems, and professionalism.

Categorization of complaints into quality areas was on the basis of the Institute of Medicine's [1] definitions for the 6 specific aims for improvement of care: safe, timely, effective, equitable, efficient, and patient-centered. We also used the classification scheme proposed by Johnson et al [6], which specifies 4 quality domains in radiology: safety, process improvement, professional outcomes, and satisfaction.

With the goal of transforming descriptions of the events into objective metrics that could drive quality improvement changes in our department, we evaluated complaints on the basis of the available information. We identified 3 major quality factors associated with failure in addressing patients' needs: operational systems issues, patient safety, and professionalism of radiology department employees.