Patient, Resident and Family Engagement

Robert S. Thompson
RT, JD, MBA, LLM, RPLU, CPCU
Director of Education - MMIC
Topics for Today

- MPLI Basics
- Risk Management & Malpractice Defined
- Claims Environment
- Patient Orientation
- Patient and Family Engagement
- Provider Resiliency and Self-Care
Medical Professional Liability Insurance (MPLI)

- Average “Tail” on and MPLI claim is between 4-5 years
- 70% of all claims are closed with no payment
- Upper 20% of all claims are settled
- Less than 2% of all claims actually go to trial
- Physician prevails at trial 90% of the time
Medical Professional Liability Insurance (MPLI)- Other Considerations

• NPDB-written demand for damages and payment made

• Phenomenon of the “Underinjured Patient”

• Future use of early intervention, mediation, arbitration, collaborative law, health courts

• Data driven focus on RM/PT efforts, effective use of technology and patients as partners
Medical Malpractice

- Duty
- Breach of the duty (SOC)
- Injury *caused* by breach
- Damages ($)
- Malpractice Plus (X Factor)
  - Focus on Service Lapses
  - Non-Clinical Issues
  - Plaintiff Atty’s Dream
Today’s Environment

- Claims frequency stable
- Claims severity on the rise
- 1 in 4 Jury verdicts exceed $1.2 million
- The “X Factor” will continue the severity trend
Reasons for Today’s Malpractice Environment

• Patient expectations and abilities
• Societal view of the system
• Societal view of the $
• HIPAA
• The IOM Report of 1999
• Shift in focus from clinical issues to service lapses
Severity Issues - 1 in 4 jury verdicts exceeds $1.2 million

• “Jury Awards $20.5M for Fatal Liposuction”
  *The Legal Intelligencer* – May 27, 2008

• “Illinois Mother Settles Med/Mal Lawsuit for $15.35M”
  *The Insurance Journal* – May 28, 2008

• “New York Jury Awards $17.5M to Patient”
  *The Insurance Journal* – May 29, 2008

• “The St. Louis County Circuit had 7 cases since the start of 2007 where the plaintiff was awarded $2M or more”
  *Daily Record* (Kansas City, MO) – March 31, 2008
Severity: Average Paid
Top 10 Specialties

1. NEUROSURGERY • $268,780
2. OB/GYN SURGERY • $242,020
3. PEDIATRICS • $236,140
4. ANESTHESIA • $186,582
5. INTERNAL MED • $175,506
Severity: Average Paid
Top 10 Specialties (cont’d)

6. OPHTHALMOLOGY • $157,492
7. GEN. SURGERY • $154,818
8. RADIOLOGY • $150,766
9. ORTHOPEDICS • $142,289
10. FAM. PRACTICE • $137,787
Patient Orientation

• One of the most overlooked risk management tools
• Few patients are able to evaluate clinical skills
• Quality of care is judged on personal interactions and the ease of the visit flow
• Most patients don’t understand how a medical office or hospital operates
• Office of hospital procedure is taken for granted by physicians and staff
• For most patients the process seems chaotic
Orienting Your Patients - Tips

- Explain the basic office flow and expectations for the visit
- Tell your patients what to expect and how long it should take
- Monitor patient waiting times and give updates when appropriate—it’s not the wait but the not knowing
- Use staff brochures in waiting room to introduce staff and general office policies
- Supply directions to your office
Patient and Family Engagement

• “That doesn’t look like the chemo she has gotten earlier, are you sure its right?”
• This question was asked three times
• The label was correct but the chemo was wrong
• This lost opportunity resulted in the death of a 7 year old girl with a curable form of cancer
• The family (PT) was engaged here but there is no true engagement without the healthcare provider completing the circle and forming that partnership
• Patient and family engagement is as much about us listening to patients as involving them in their care
Patient and Family Engagement-What is It?

- “Patients, families, their representatives and healthcare professionals working in active partnership at various levels across the health care system---direct care, organizational design and governance, and policy making---to improve health and healthcare”

Why Patient and Family Engagement?

• They serve as an extra set of eyes and ears

• They are highly invested in their well-being and health

• They know their symptoms, recent transitions and changes, and responses to treatment better than anyone

• Unless impaired, they are always “present” in their own care and are the first to recognize changes and impacts of treatment
Why Patient and Family Engagement?

• They have only one patient to focus on and therefore have insights into the process of care that busy professionals may lack.

• Through courage and resilience they inspire and energize care teams.

• If patients are truly members of the care team, they can more effectively protect themselves from errors and process failures that cause injuries.
Patient and Family Engagement Involves and Benefits EVERYONE!!

- Increasing engagement through effective partnerships can yield many benefits, both in the form of improved health and outcomes for individuals and in safer and more productive work environments for health care professionals.
Patient and Family Engagement Involves and Benefits EVERYONE!!

- Engagement leads to safer patient care by (1) improving the outcomes of care, (2) improving the experience of care for individual patients, (3) improving the work experience for caregivers, and (4) by helping the organization change its processes---improving the outcomes for all patients
Improving the Outcomes of Care

- Participation in diagnosis---clear communication, full story and accurate history
- Shared decision making---patients are more participatory in their healthcare when they have input in decision making
- Following the treatment plan---lack of engagement=lack of compliance and adherence=poor outcomes and waste of time and resources
- Another set of eyes---patient participation increases quality of care and reduces incidence of adverse events
Improving the Experience of Care

• The experience of partnership---patients desire trust and partnership and want providers to “work with us not on us”

• Improved satisfaction with outcomes---patients who make decisions based on their preferences and values are more satisfied with their outcomes

• The relationship between patient experience and a culture of safety---patient centered care and patient engagement are closely aligned
Improving the Work Experience for Caregivers

• Entities that engage patients as members of the healthcare team find this relationship to be key to job satisfaction
Improving Outcomes for ALL Patients

- System changes that result from patient and family engagement in their care can potentially benefit all future patients.

- Evidence indicates that high-quality, safe clinical care and positive patient experience are correlated, and that high-performing organizations that take patient and staff engagement seriously are perceived more favorably by patients, clinicians and staff.
Patient and Family Barriers to Engagement

- Understanding the terms of engagement and safety---as patients we tend to remain uninformed, passive and lack confidence and skill to fully engage.

- Limited social support for vulnerable patients---the elderly, mentally ill and economically disadvantaged have more inherent barriers to engagement.

- Health literacy problems---the average American reads on a 5th grade level and only 12% of English speaking adults are proficiently health literate.
Health Literacy and Communication
Low and marginally literate patients have difficulty following the prescription label instruction “take two tablets by mouth daily” even when they are able to read dosage instructions correctly.

- Low Literacy: 70.7%
- Marginal Literacy: 84.1%
- Adequate Literacy: 89.4%

- Could read label instructions correctly
- Could demonstrate label instructions correctly
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Patient and Family Barriers to Engagement

• Fear of retribution from health care providers---even patients with high levels of health literacy are too intimidated to ask questions of probe alternatives. Other factors include:
  – The paternalistic behavior of healthcare providers
  – The prevailing social norm that patients don’t challenge advice
  – The fear of being labeled a “difficult patient”
  – The fear that speaking up will lead to neglect or abuse
Healthcare System Barriers to Engagement

• A fragmented healthcare system---we don’t really have a “system” and we don’t explain what we do know of it

• A dysfunctional professional culture---deep-rooted cultural norms and traditions in medicine described as a “culture of disrespect” that fosters individual privilege and autonomy instead of the attitude of teamwork, collaboration, and inclusiveness. Perception dictates that engagement will be burdensome and time-consuming but increasing evidence shows engagement activities actually increase efficiency
Recommendations to Promote Patient and Family Engagement---The 4 Parties

• Leaders of Health Care Systems

• Health Care Policy Makers

• Health Care Clinicians and Staff

• Patients and Their Families
Recommendations to Promote Patient and Family Engagement-Leaders of Health Care Systems

• Establish patient and family engagement as a core value for the organization

• Involve patients and families as equal partners in all organizational activities

• Educate and train all personnel to be effective partners

• Partner with patient advocacy groups and other community resources
Recommendations to Promote Patient and Family Engagement—Health Care Policy Makers

- Involve patients in all policy-making committees and programs
- Develop and implement safety metrics
- Engage patients in setting and implementing the research agenda
Recommendations to Promote Patient and Family Engagement-Health Care Clinicians and Staff

- Support patients and families to engage in their own care---
  - Routinely involve patients in informed decision making about all diagnostic tests and treatment options, including medications
  - Use strategies such as Ask Me Three and teach-back to overcome health literacy barriers and to ensure that patients truly do understand their condition, what they need to do next, and why it's important to do so
  - Impress upon patients that you desire, require, and value their opinion, questions, and input when it comes to their care
  - Allow your patients to talk!!! (2 minute drill)
Ask Me Three

What is my main problem?

What do I need to do?

Why is it important for me to do this?

Learn More about Ask Me 3: For more information about Ask Me 3, including links to health literacy reference materials, click here.

Purchase Ask Me 3 Products for Your Patients: Click here to order products, such as patient brochures (in English or Spanish), posters (in English or Spanish), buttons, keychain cards and notepads through the NPSF Store.

Inquire About Ask Me 3 Cobranding Opportunities: Cobrand Ask Me 3 materials with your organization’s logo. For more information, contact NPSF via e-mail to info@npsf.org or by phone at 617-391-9900.
Recommendations to Promote Patient and Family Engagement—Health Care Clinicians and Staff

- Engage patients as partners in safety improvements and care design---
  - Invite patients and family members to partner with clinical and administrative staff in quality improvement activities
  - Involve patients and family members as full partners in the design and redesign of clinical workflows and care delivery
Recommendations to Promote Patient and Family Engagement-Health Care Clinicians and Staff

• Support patients and families when things go wrong---
  – Create healing environments that include a physical setting and an organizational culture that supports patients and families through the stresses imposed by illness, hospitalization, medical visits, healing and bereavement
  – Support and be willing to participate in disclosure and apology initiative efforts, both in the development and implementation phases
Recommendations to Promote Patient and Family Engagement-Health Care Clinicians and Staff

• Robert Johnstone from National Voices suggests……….. “Clinicians will need to step off their pedestals and patients will need to get off their knees.”

• In order for Patients and families to participate effectively in their own care THEY MUST KNOW………..
  – It’s Important (the why behind the what)
  – It’s Possible (the ways or avenues they can take within their ability
  – It’s Safe(they wont be punished, Ignored or made more fearful)
Recommendations to Promote Patient and Family Engagement—Patients and Families

- What patients and families can do to make care safe:
  - Ask questions about the risks and benefits of recommendations until you understand the answers
  - Don’t go alone to the hospital or to your doctor visits
  - Always know why and how you take your medications, and their names
  - Be very sure you understand the plan of action for your care
  - Say back to clinicians in your own words what you think they have told you
  - Arrange to get any recommended lab tests done before a visit
  - Determine who is in charge of your care
Clinician burnout
Depersonalization

Emotional exhaustion

Sense of low personal accomplishment

Decreased effectiveness at work

Physician burnout

Emotional exhaustion

- Intermediate: 19%
- High: 38%
- Low: 43%

Depersonalization

- Intermediate: 21%
- High: 29%
- Low: 50%

- 38% had positive screen for depression
- 6.4% had thought of suicide in past year

Patient care practices of residents suffering burnout

- Discharged patients because team was too busy
- Did not fully discuss treatment options or answer patient’s questions
- Made treatment or medication errors not due to inexperience
- Ordered restraints or medication for an agitated patient before evaluation
- Discharged patient rather than perform diagnostic test

Patient care attitudes of residents suffering burnout

- Paid little attention to social or personal impact of illness on patient:
  - Weekly: 10%
  - Monthly: 20%
  - Several Times a Year: 30%

- Had little emotional reaction to patient's death:
  - Weekly: 5%
  - Monthly: 20%
  - Several Times a Year: 40%

- Felt guilty about my treatment of patient from humanitarian standpoint:
  - Weekly: 5%
  - Monthly: 20%
  - Several Times a Year: 30%

The emotional impact of medical errors

- Anxiety: 60%
- Loss of confidence: 50%
- Sleeping problems: 40%
- < Satisfaction: 30%
- Reputation: 10%

Malpractice – risk by specialty

- 7.4% of all physicians face a claim each year
  - 19.1% in neurosurgery
  - 18.9% in thoracic-cardiovascular surgery
  - 15.3% in general surgery
  - 5.2% in family medicine
  - 3.1% in pediatrics
  - 2.6% in psychiatry

Malpractice – risk by specialty

- 1.6% of claims/year lead to indemnity payment
- Average indemnity payment was $274,887
- By age 65
  - 75% of physicians in low-risk specialties faced a claim
  - 99% of physicians in high-risk specialties faced a claim

Proportion of a physician’s career spent with an open malpractice claim, by physician specialty

Stress management reduces errors and risk

Two studies based on five-step program:

1. Discussion of results of stress survey and recommendations to decrease organizational stress
2. Policy and procedural changes in highest-stress departments
3. Sharing of survey results with employees
4. Education program on stress
5. Implementation of employee assistance and counseling programs

Results

- Reported medication errors cut in half
- Reduced malpractice claims from 1.4 to .4/year

Redefining quality

- How we take care of our patients
- How we take care of each other
- *How we take care of ourselves*
Resiliency

An individual’s ability to overcome adversity and continue his or her normal development.
Measuring the effects of stress

- We now have tools to measure physical changes in the body caused/influenced by the mind (functional MRIs, hormone levels, antibodies, heart rate variability)
- We can measure the effects of the mind and emotions on the heart, digestive tract, immune system, and individual cells
- We see that physical symptoms can change emotional health and vice versa
Emotions and healing
Stress can ...

- Slow wound healing
- Diminish strength of immune response to vaccines
- Enhance susceptibility to infections illness
- Boost allergy symptoms
- Reactivate latent viruses
What does resilience look like?

- Awareness (of situation, of your reactions, of others’ behavior)
- Acceptance that stress is part of life
- Internal locus of control
- Strong problem-solving skills
- Strong social connections
- Self-identify as a survivor vs. victim
- Willingness to ask for help
The five pillars of resilience

Self Awareness

Mindfulness

Purpose

Self Care

Relationships

Techniques for building resiliency

- Good nutrition and sleep
- Exercise
- 4-7-8 breathing technique
- Meditation/mindfulness
- Gratefulness journal
- Random acts of kindness
- Support groups
- Social connection/spiritual practice
THE ANTI-INFLAMMATORY FOOD PYRAMID

HEALTHY TREATS
Servings: Occasional

SUPPLEMENTS
Servings: Daily

PROTEIN
Total Servings: 3–4 per day
Eat the following sources to meet your protein dietary needs:

MEAT, EGGS & DAIRY
Servings: 0–2 per day

FISH
Servings: 2–6 per week

NUTS & SEEDS
(both are sources of protein and fat)
Servings: 1–3 per day

BEANS & LEGUMES
(both are sources of carbohydrate and protein)
Servings: 2–3 per day

GREEN OR HERBAL TEA
Servings: 2–4 cups per day

HEALTHY FATS & OILS
Servings: 3–5 per day

WHOLE GRAINS
Servings: 3–6 a day

FRUITS
Servings: 2–4 per day

VEGETABLES
(includes sea vegetables)
Servings: 7–10 per day

HEALTHY HERBS & SPICES
Servings: Use Generously

WATER
Servings: 6–12 per day
Self care – why do we sleep?

- Improve immune function (repair and rejuvenate)
- Consolidate memories
- Regulate emotions
- Brain cleansing
Tips for a better night’s sleep

- Skip the snooze button (makes you more tired)
- Avoid caffeine within 4-6 hours of sleep onset
- Get outside in the natural afternoon light (even if cloudy) to reset circadian rhythms
- Avoid eating within 2-3 hours of sleep onset because digestion disrupts sleep
- Morning exercise provides boost of energy, decreases stress hormones, and improves sleep quality (75% more time in deep sleep)
Breathe
Breathing Technique

- Get comfortable
- Inhale deeply through your nose to a count of 4
- Hold for a count of 7
- Exhale through your mouth for a count of 8 with tip of tongue against inside of teeth
Mindfulness

Awareness of present experience with acceptance, allowing you to see the big picture, recognize patterns, and enhance performance, creativity and innovation

Barbara Frederickson
Mindfulness

A flexible state of mind in which we are actively engaged in the present, noticing new things and sensitive to context

Ellen Langer
Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians

Michael S. Krasner, MD
Ronald M. Epstein, MD
Howard Beckman, MD
Anthony L. Suchman, MD, MA
Benjamin Chapman, PhD
Christopher J. Mooney, MA
Timothy E. Quill, MD

PRIMARY CARE PHYSICIANS REPORT alarming levels of professional and personal distress. Up to 60% of practicing physicians report symptoms of burnout, defined as emotional exhaustion, depersonalization (treating patients as objects), and low sense of accomplishment. Context Primary care physicians report high levels of distress, which is linked to burnout, attrition, and poorer quality of care. Programs to reduce burnout before it results in impairment are rare; data on these programs are scarce.

Objective To determine whether an intensive educational program in mindfulness, communication, and self-awareness is associated with improvement in primary care physicians’ well-being, psychological distress, burnout, and capacity for relating to patients.

Design, Setting, and Participants Before-and-after study of 70 primary care physicians in Rochester, New York, in a continuing medical education (CME) course in 2007-2008. The course included mindfulness meditation, self-awareness exercises, narratives about meaningful clinical experiences, appreciative interviews, didactic material, and discussion. An 8-week intensive phase (2.5 h/wk, 7-hour retreat) was followed by a 10-month maintenance phase (2.5 h/mo).

Main Outcome Measures Mindfulness (2 subscales), burnout (3 subscales), empathy (3 subscales), psychosocial orientation, personality (5 factors), and mood (6 subscales) measured at baseline and at 2, 12, and 15 months.

Results Over the course of the program and follow-up, participants demonstrated improvements in mindfulness (raw score, 45.2 to 54.1; raw score change [Δ], 8.9; 95%
Practice
“3 Good Things”
Random acts of kindness

Doing a kindness produces the single most reliable momentary increase in well-being of any exercise that has been tested.

“Find one wholly unexpected kind thing to do tomorrow and just do it. Notice what happens to your mood.”

Martin Seligman, 2011
Writing to heal

- Personal upheavals
  - disrupt normal cognitive activity
  - undermine social interactions and relationships

- Writing about an upheaval
  - reduces need to inhibit thoughts, emotions, behaviors
  - improves emotional modulation
  - brings cognitive resolution/frees up working memory

Writing to heal

- Write about recent trauma at least 3 times for at least 25 minutes, with 24 hours in between each writing

Benefits of resilience writing

- Decreased depressive symptoms \(^{5,1}\)
- Improved psychological well-being \(^{6}\)
- Improved working memory \(^{2}\)
- Improved sleep \(^{3}\)
- Improved immune system function \(^{4}\)
- Improved relationships \(^{5}\)
- Improved coping with emotional upheavals \(^{6}\)
Relationships

- A primary factor in resilience is having caring and supportive relationships within and outside the family.
- Relationships that create love and trust, provide role models, and offer encouragement and reassurance help bolster resilience.
The top five regrets of the dying

1. I wish I'd had the courage to live a life true to myself, not the life others expected of me.
2. I wish I hadn't worked so hard.
3. I wish I'd had the courage to express my feelings.
4. I wish I had stayed in touch with my friends.
5. I wish that I had let myself be happier.

- Bronnie Ware, author and blogger
Questions???