Enterprise-wide effort brings patient perspective into mix

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The National Patient Safety Foundation presented its 2009 Socius Award to the Medical College of Georgia (MCG Health). The award was given in recognition of the positive manner in which MCG Health collaborates with patients and families. The success achieved by MCG Health detailed in this article can motivate other hospital leaders, and the examples of collaboration can serve as templates for developing similar programs.

INTRODUCTION

Patient- and family-centered care (PFCC) is an approach to healthcare based on mutually beneficial alliances among patients, families, and caregivers.\(^1\) When PFCC is adopted as a uniform policy within a health system, virtually every department and function undergoes a philosophical shift in thinking and a significant change in practice and operations.

Traditional healthcare systems are based on a provider-centered approach. Processes are organized for the convenience of the provider, who is in control of everything that happens to a patient and/or the patient’s family.

More specifically:

- Families have an insignificant role in the care of a loved one in a provider-centered approach and are often separated from the patient during crucial moments in care, such as in an intensive care setting or the emergency department.

- Provider-centered organizations have restrictive visitation policies and minimize the access of loved ones during procedures and healthcare visits.

- The amount of information shared with patients and families is limited to what providers believe is necessary, and most communication is one-way based on the providers’ perceptions.

- Patients are treated as though they have no knowledge of their own situation, and their concerns are often not heard.

Essentially, a provider-centered approach consists of doing things to and for patients. In a patient- and family-centered system, everything is performed in partnership with the patient and designated family members. Since
partnership skills are not explicitly taught in healthcare education, a real-world approach with built-in accountability for systems change is needed. Modeling the behaviors of an ideal healthcare relationship is essential. This brings into focus the need for organizations to develop the role of patient advisers who can work across the organization with leaders and frontline staff so all involved parties can realize the scope and value of patient-provider collaboration.

PFCC requires changing behaviors of everyone in healthcare, including patients and families, and change occurs best once everyone understands how PFCC differs from traditional care. In PFCC, providers are responsive, open, and welcoming; patients become empowered in their healthcare experiences.

For most healthcare organizations, the shift in thinking and day-to-day practice to a patient-centered approach is a challenge. The core beliefs of trained healthcare professionals, including executives, must undergo change, and with this change comes a great fear that unnecessary risk will be experienced by the individual practitioner and the organization. However, experience to date demonstrates that PFCC is a risk reduction strategy. (2–9)

The missing perspective

Since 1993, the Medical College of Georgia (MCG) Hospital has developed its capacity to listen to the voice of patients and families and integrate it into planning, decision-making, and improvement processes. This began with facilities development and grew to involve every aspect of the operations, including the risk management program.

The MCG organization has more than 250 trained volunteer patient and family advisers assigned to work on councils, quality and safety committees, planning groups, curriculum committees, and other teams. The program has grown from an initial group of 20 parents and grandparents and 20 children who helped develop a new pediatric hospital. MCG added advisers along the way as more projects were developed with the patient- and family-centered approach.

Patients and families provide a perspective and knowledge that no one else in the healthcare system can provide. In MCG’s experience, patients and families are effective systems thinkers because they experience the continuum of care from start to finish: from the first telephone call, to reception, through the care process, and finally to discharge to home. Everyone else on the healthcare team has a window of vision that is limited to a specific role in care.

When the hospital purchased new beds, the team of bed evaluators included the usual participants—nurses, maintenance staff, purchasing agents, housekeeping staff—but also 10 patient advisers. The patients got in the beds to do their evaluation. They focused on overall comfort, ease of access to bed controls, length of the bed, and the ability of patients’ feet to touch the floor when the bed was lowered. Their evaluations were included along with those from professional staff, and this collaboration influenced the bed selection.

Collaborative evaluation data are much richer, and issues that directly affect the patient’s experience (which would not have surfaced previously) can be known to a degree not possible in a provider-centered approach.

Patients and families possess strengths that can contribute to leadership everywhere in the organization. They have knowledge of what is working well and where things can be improved. Learning to listen to their priorities for improvement can help move the organizational leaders along the continuum of becoming patient- and family-centered in their care, uncovering opportunities for risk reduction, cost reduction, and safety and quality improvement, as well as improvement in overall satisfaction for patients, families, and staff.

A supportive risk management program

The traditional goal of hospital risk management is to reduce injury and promote safety for all individuals within the hospital environment. To achieve this goal, hospital risk managers, collaborating with clinicians, quality improvement employees, and legal counsel, generally focus on:

- Developing and implementing effective patient care standards and practices;
- Managing insurance vehicles to protect the hospital from financial risk; and
- Correcting unsafe or inappropriate behavior.

These laudable goals demonstrate an organization’s commitment to quality improvement, risk reduction, and patient safety. While these goals clearly articulate organizational expectations to employees, they fall short in one significant area that risk management programs can also address: the patient’s experience.

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There are many reasons for this bias. Because one of the main functions of a risk management program is the investigation and handling of claims, there can be a perceived tension in incorporating PFCC into an organization's risk management program.

The legal system has historically been an adversarial one. It is plaintiff versus defendant, "us against them." When this system is entwined with the provision of healthcare, the result is an environment where individuals perceive that they have been harmed, while the clinicians believe they tried everything in the patient's best interest.

The fear of litigation has led to a traditional reluctance to collaborate with patients when an adverse event occurs. However, risk management programs may achieve a higher level of effectiveness and excellence by collaborating with the recipients of care. This is the core philosophy for the risk management program at MCG Health, where patient- and family-centered patient advisers are active participants in care.

MCG Health's risk management program embraces patient- and family-centered care by:

- Giving patients, family members, and patient advisers a voice;
- Participating with patients in process and quality improvement; and
- Incorporating patients in the design of patient safety programs.

Embracing patient- and family-centered care begins with seeing patients as partners, not potential litigants.

Patients and families must be invited to participate on work teams and committees. Such participation will inevitably expose patients and patient advisers to organizational problems and mistakes. At first, disclosure of problems and mistakes may seem threatening. Risk managers, especially, are inclined to avoid discussing potentially harmful incidents with patients unless a lawyer is present or unless the discussion occurs within the context of risk management or litigation activities. However, the benefits of patient and family involvement can far outweigh the risks with open patient-provider communication, early identification of potential problems, and development of effective solutions.

An example of this collaboration can be seen in how MCG Health reengineered its rapid response team (RRT) to quickly assess patients and treat or transfer them to a higher level of care. The team decreased the number of codes that occurred outside of the intensive care setting, but the success was limited to initiation by hospital staff. In June 2008, the organization sought to restructure the RRT and reeducate the staff to its purpose and function in an effort to increase earlier intervention. As part of that restructuring, MCG Health enabled family members to initiate activation of the RRT. There was some trepidation among staff that the family would call too many RRTs or that there would be inappropriate calls, such as, "My food is cold."

A reeducation program was developed with patient adviser input and rolled out to all nursing units. Each unit was provided posters to remind families of their ability to activate an RRT. One month, the number of RRT activations was 53, with only two family-initiated RRT activations. Patients were empowered in their care, but this experience showed that they did not need to exercise that power often. Also, when employees recognized that patients and families were empowered to contact the RRT, they became more attentive to patient needs.

Providing patients with a voice

Patient- and family-centered care begins with providing patients with a voice. Patient and family members' opinions are intrinsic to MCG Health's values and mission, where clinical care includes acknowledging a family member's expertise about a patient's health, i.e., treating the patient and family as one unit.

To help create an environment of trust and collaboration, nurses and allied health staff ask patients and families about their goals for the day and their concerns, encouraging them to ask questions and to be involved in the decision-making. Consistent with this culture of care, all staff are encouraged to be sensitive to patients' and families' verbal and nonverbal behavior; to acknowledge their past experiences in regards to coping, challenges, and concerns; to acknowledge their expertise by discussing what has been working for them in terms of managing their own health; to advocate for them during rounds; to provide individualized education; to reach out with compassion and support; and to know when to refer patients to social workers, chaplains, or providers in other disciplines.

By providing a voice to patients and family members, patient- and family-centered care at MCG Health has improved patient and family outcomes, increased patient and family satisfaction, built on child and family strengths, increased professional satisfaction, decreased healthcare costs, and led to more effective use of healthcare resources.
Quality improvement

The patient's voice should be involved in the entire quality improvement process of a hospital, including participation in governance committees.

For example, hospitals can benefit from having patient advisers on board quality and patient safety committees that discuss and analyze medical errors and patient satisfaction. In addition, patients and patient advisers can collaborate in operational meetings, such as root cause analysis meetings.

At MCG Health, including patient advisers in meetings such as root cause analyses was met with some trepidation. Would their presence have a chilling effect on the frank discussion and analysis that is critical to these processes? The reality is quite different. Their presence actually provides an objective and practical perception of the care that was provided and how to change processes.

Patient advisers serving on quality improvement committees have suggested small but important changes. For example, when critical lab values need to be communicated, the patient and/or family are included in the process. During hand-offs in care, the patient and family are part of the process to ensure the transfer of complete and accurate information.

Program design

Implementing the philosophy of patient- and family-centered care has had a dramatic effect on the reduction in claims and financial liability. Over the course of the past eight years since MCG Health was created to provide the hospital administrative functions for the health system, estimated loss costs have decreased. (See Figure 1.)

The culmination of many smaller events, such as rescheduling of appointments/procedures or extended waiting times, may ultimately color a patient's experience. MCG Health developed a service recovery system called OOPS, for Optimal Opportunity for Patient Satisfaction. The program debuted in 2007 as a way to empower frontline staff to address problems with patient issues/concerns at
the time the problem occurs. Employees are encouraged to offer "amends" to patients who have raised a concern or have been inconvenienced by the health system without having to involve the patient representative or risk manager. Patient advisors who worked with the hospital team that developed the OOPS program helped everyone see that the most important thing in service recovery is the apology. This helps to recover the relationship and is a demonstration of respect for the patient and any family member. It also is a healing experience for both parties, and the issue that affected the patient and/or family member can be put to rest.

Amends can range from handwritten apology cards to flowers to providing meals for families, and may include paying for hotel stays for family members due to a cancelled surgery.

In 2009, MCG Health continued to educate and train staff, and rolled out the program to ambulatory care clinics. The total number of amends that were made to patients totaled 1,020, with the average amend costing $10 to $12 per patient.

Employees who make amends are required to enter the information into a database. Data from this program have been valuable for tracking and trending issues on particular units or within particular clinics and for ensuring appropriate interventions are taken so that these events are not repeated. Patient advisors were critical in the development of this program.

CONCLUSION

The article cites the ways in which patient advisors have helped MCG Health reduce professional liability costs since the inception of patient- and family-centered care across the medical center in 2001. Though the reduction in costs is a welcomed benefit, leadership believes the true benefit has been collaborating with patients and patient advisors to obtain their input as care providers strive to create a better health system.

REFERENCES


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