

# More Than Just a Patient...



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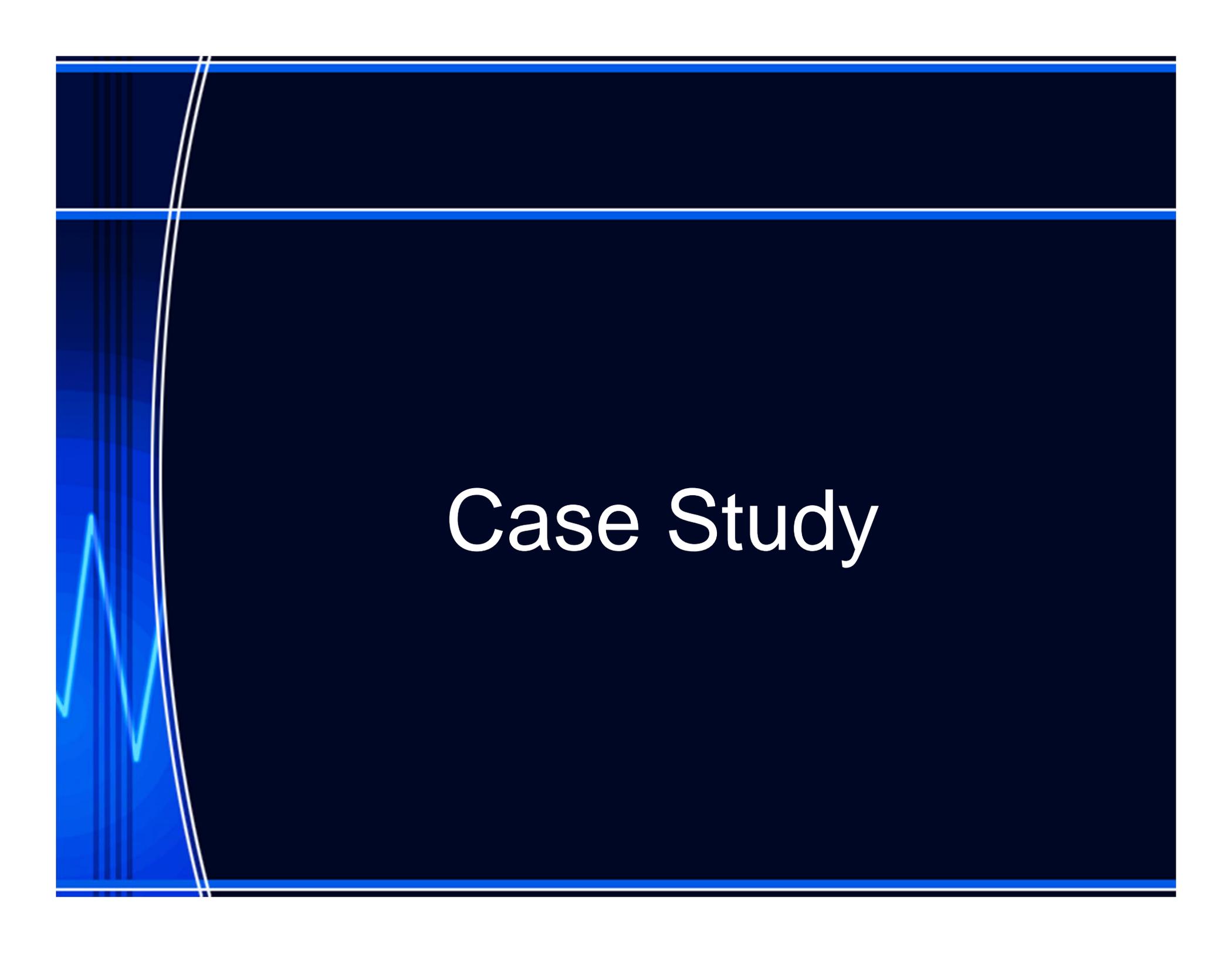
# Objectives

- Identify an unusual cause of cardiac mortality in young, female, patients
- Describe how improved patient satisfaction affects patient safety and risk management activities
- List two actionable items that can be implemented within your own facility to improve patient satisfaction

# Disclosure

No paid support or conflicts of interest to disclose.

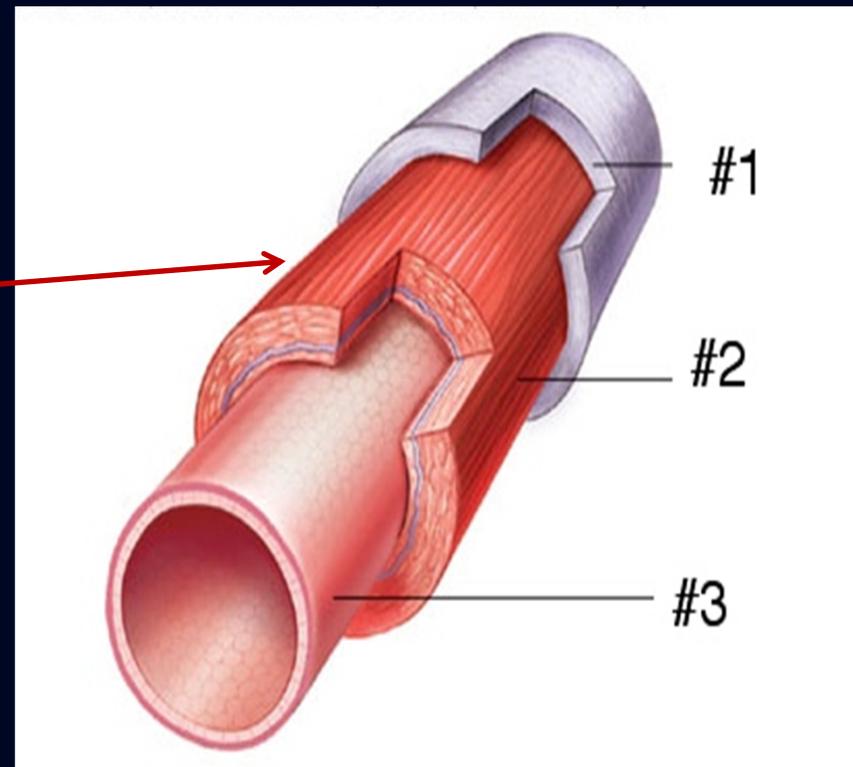
Some slides have been removed from your handout for confidentiality reasons.



# Case Study

# Fibromuscular Dysplasia (FMD)

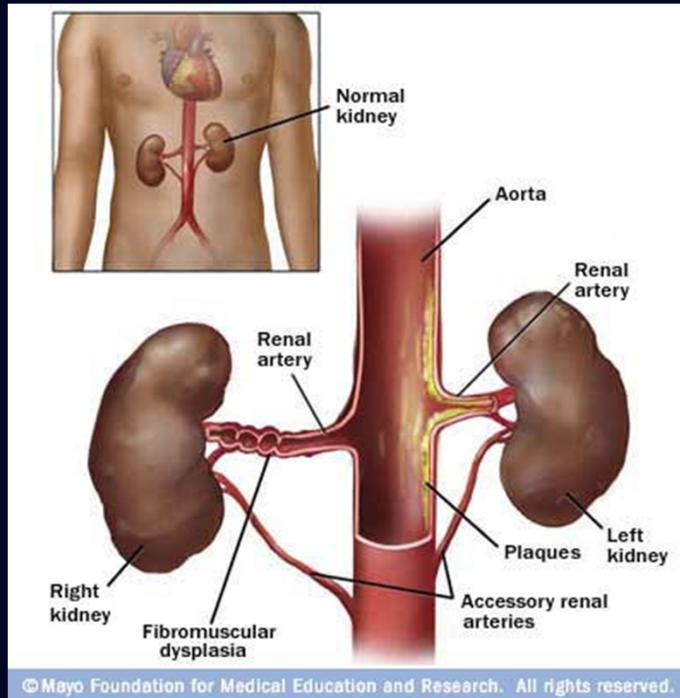
- Non-atherosclerotic vascular disease affecting the arterial walls causing stenosis, aneurysms, and dissections
- Most commonly affects tunica media (middle) layer of the arteries
- Affects 5% of general population



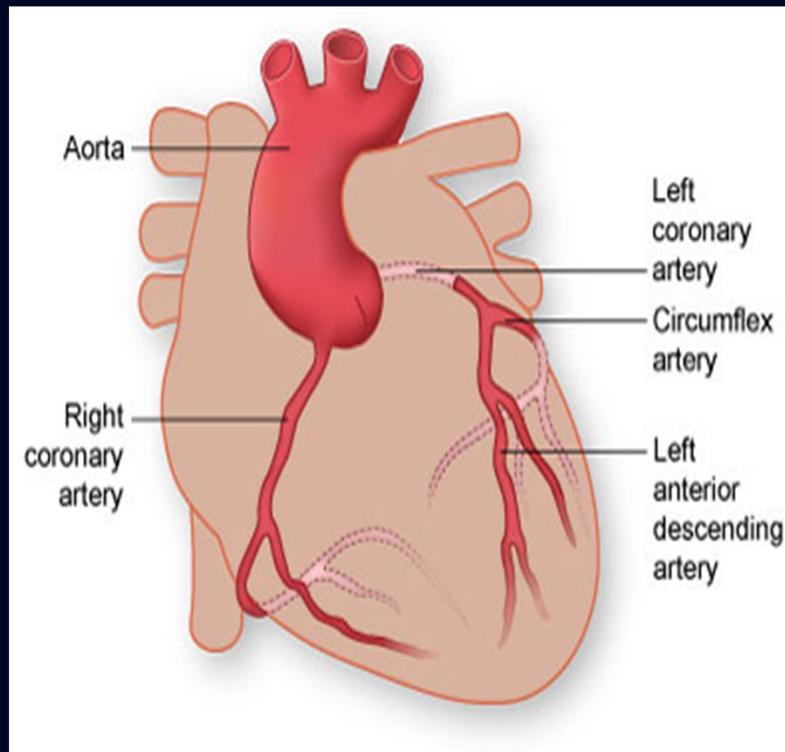
# Fibromuscular Dysplasia (FMD)

- Most common in renal arteries causing hypertension (renin secretion)
- Also affects cerebral (brain), coronary (heart), mesenteric (abdominal), and vertebral (spinal) arteries
- Multiple arteries usually involved
- Arteries are often 'tortuous' and prone to tearing easily

# FMD of the Renal Arteries



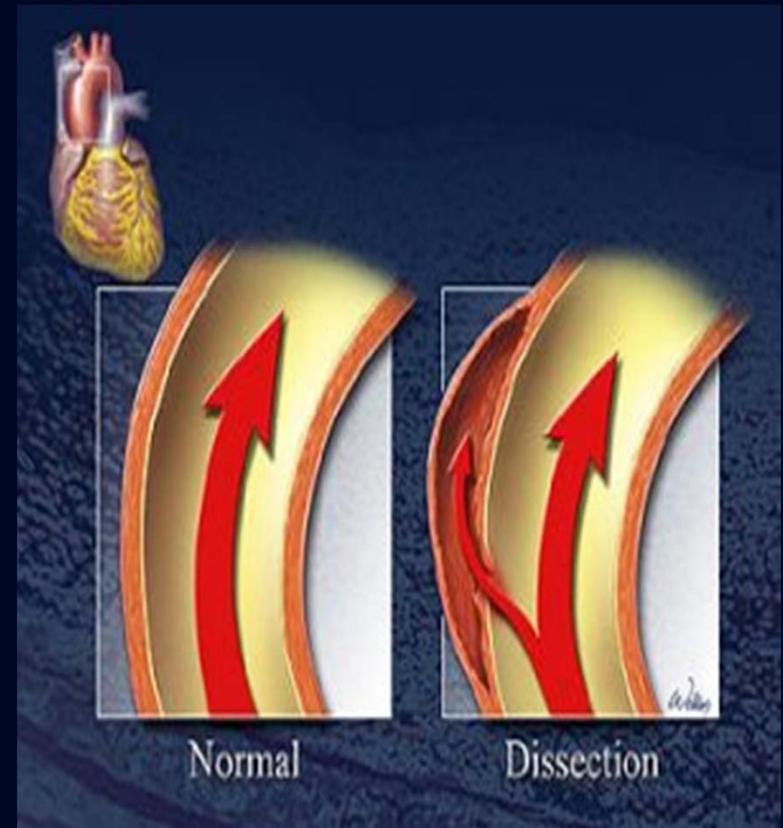
# Left Anterior Descending Artery



- Supplies blood flow to 50% of the left ventricle
- Supplies blood flow to interventricular septum
- Called the 'widowmaker'
- Mortality rate as high as 90%

# Coronary Artery Dissection

- Known complication of angiography (up to 11%)
- Rare but documented complication of late term pregnancy/post-partum period
- Reported mortality rate of 75%



# Ventricular Assist Devices

- First device implanted in the US in February 2001
- Used as a bridge to transplant, bridge to recovery, or as a 'destination device'
- Available as single ventricle (left) device or bi-ventricle device
- Takes over workload of the heart



# What Went Wrong???

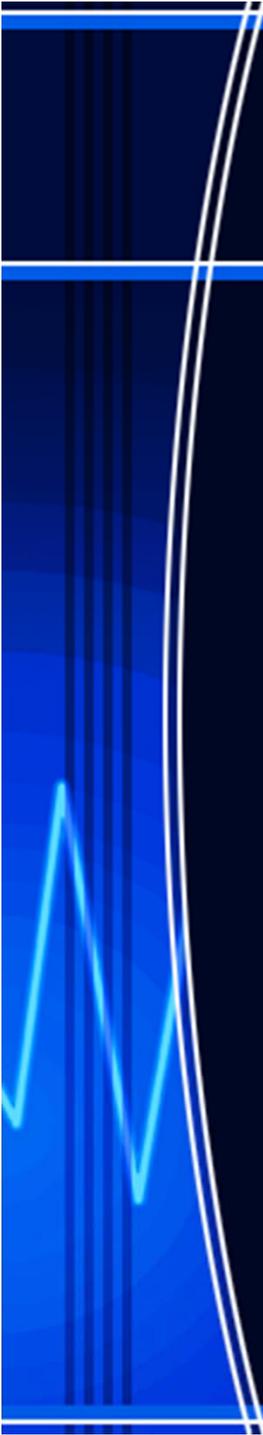
*Group Discussion*

# What Went Wrong

- Assumption that because patient looks good, they are not sick
- Failure to *listen* to the patient when speaking about FMD and past medical history
- Assuming 'mental problems' are source of patient's anxiety
- Failure to escalate up the chain of command when no response to pages
- Becoming upset when interrupted during shift change

# What Went Wrong?

- Administering morphine without assessing response
- Failure to monitor vital signs
- Failure to notify husband about patient's deteriorating status



# How Could This Patient's Experience Been Better?

Group discussion



Why Should This Customer Experience  
Have Been Better?

## Because...

- It is the right thing to do
- It is the smart thing to do
- It is the safe thing to do



It is the *Right* Thing to Do

# It is the Right Thing to Do

- It is about providing the type of care experience for patients and families that you would want for yourself and your loved ones
- It honors the spirit, dignity, and worth of your co-workers
- It honors your profession...it honors you!



It is the *Smart* Thing to Do

## It is the Smart Thing to Do

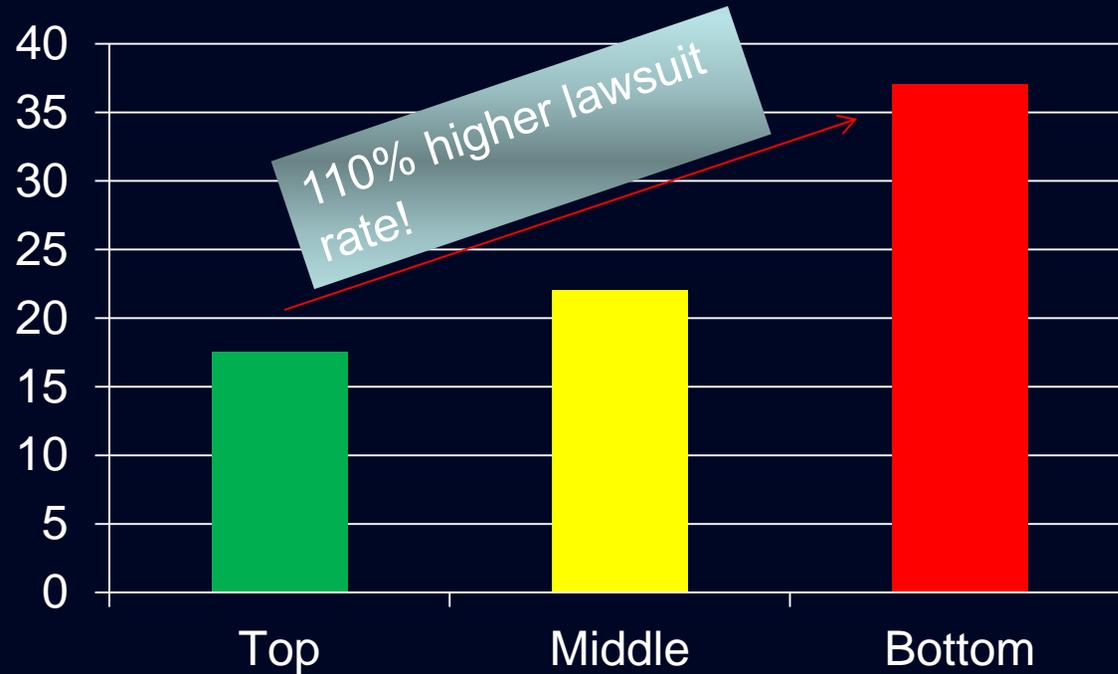
- Providing a positive and quality experience reduces length of stay → reduced expense
- Reduces medical malpractice claims
- Centers for Medicare & Medicaid Services (CMS) Hospital consumer Assessment of Healthcare Providers and Services (HCAHPS) tied to reimbursement
- Recent legislation ties scores to values based purchasing (funding)

# Reduction of Medical Malpractice Claims

- Massachusetts General published study in *American Journal of Medicine* in 2005 showing significant relationship between rates of medical malpractice claims and patient satisfaction scores
- Every 1 point decrease in satisfaction was associated with a 5% increase in risk management episodes

# Med Mal vs. Patient Satisfaction

## Malpractice Lawsuits and Patient Satisfaction



Stelfox, Henry Thomas, et al. "The relation of patient satisfaction with complaints against physicians and medical malpractice lawsuits." *American Journal of Medicine* 118 (2005): 1126-1133.

# Med Mal vs. Patient Satisfaction

- 1% of hospital patients are harmed
  - 3% of those actually file a lawsuit
  - Most common reasons for filing a lawsuit:
    - Deserting the patient
    - Devaluing patient values
    - Delivering information poorly
    - Failing to understand the patient's perspective
- 3% of those actually file a lawsuit

Kavaler, Florence, and Spiegel. *Risk Management in Health Care Institutions: a Strategic Approach*. Sudbury, MA: Jones and Bartlett, 2003.

# Med Mal vs. Patient Satisfaction

- Anger, not injury, is the trigger for most claims<sub>1</sub>.
- Empathy and good interpersonal skills prevent malpractice claims<sub>1</sub>.
- Only 23% of medical malpractice claims result from actual negligence<sub>2</sub>.

1-Press, Irwin. *Patient Satisfaction: Defining, Measuring, and Improving Experience of Care*. Chicago, IL: Health Administration, 2002.

2-Cydulka et al. 2007

# Financial Impact of Med Mal

- 65% of physicians are sued during their career
- One out of every 4 physicians receives a complaint annually
- Average payment for medical malpractice claim \$308,593

Kaiser Family Foundation, 2007.

# Med Mal vs. Patient Satisfaction

- Higher patient satisfaction reduces med mal risk
- Prevalence of lawsuits is significantly related to number of patient complaints
- Patient satisfaction scores predict risk of litigation

# Patient Satisfaction Survey

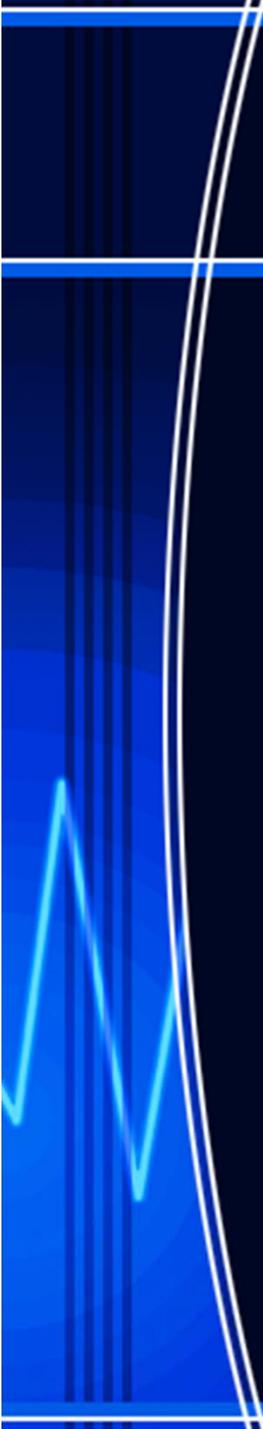
- Hospital Consumer Assessment of Healthcare Providers and Services (HCAHPS) developed by AHRQ in 2002
- Required by the Centers for Medicare & Medicaid Services (CMS)
- Failure to complete survey results in 2% reduction in payment to hospitals
- Effective October 2012, Hospital Value Based Purchasing (VBP) Program will increase or decrease CMS payments based on performance, including survey results

# Patient Satisfaction Survey

- Survey includes 27 questions about discharged hospital patient's experience
- Survey looks at:
  - communication
  - responsiveness of staff
  - pain control
  - Cleanliness
  - Quietness
  - Discharge information
  - Overall rating
  - Likelihood to recommend

# Patient Satisfaction Survey

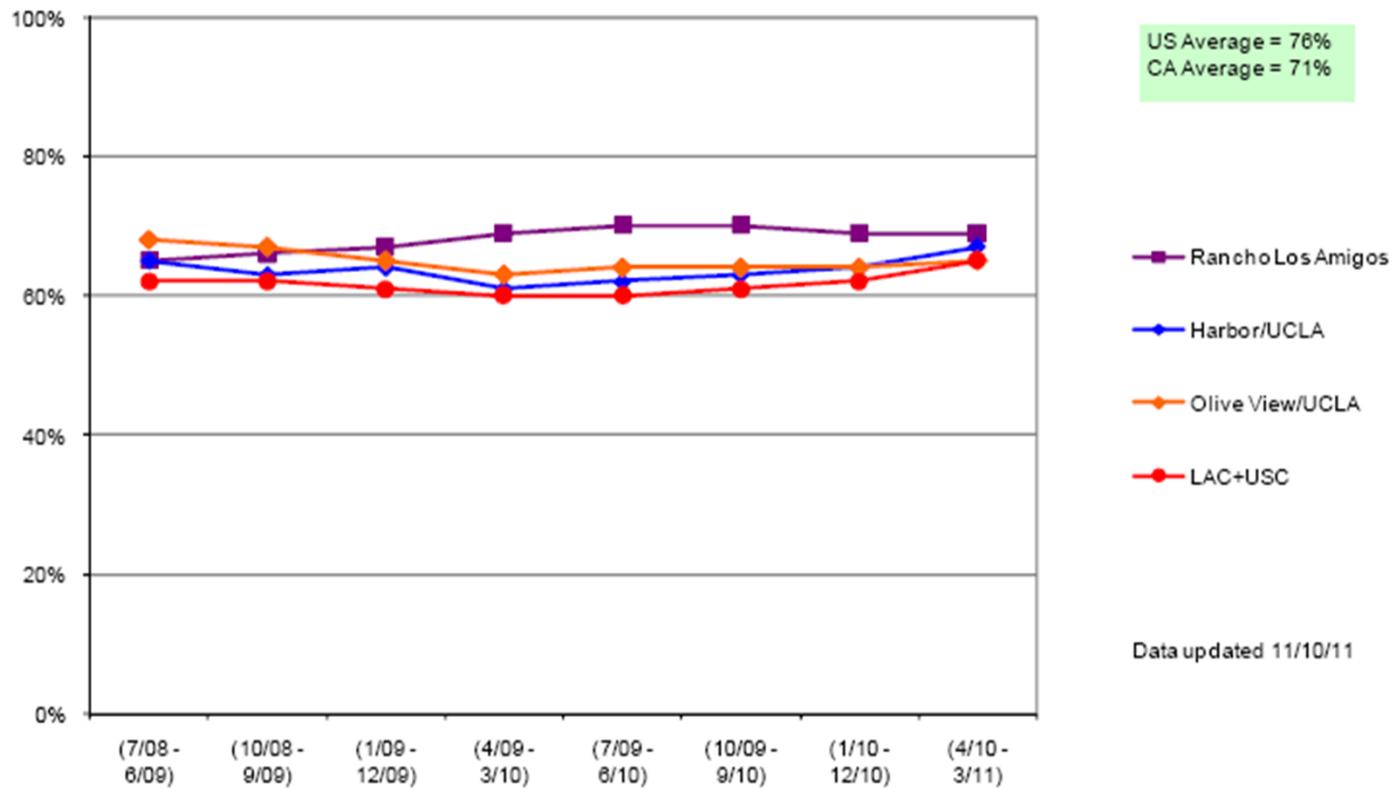
- VBP payments/score calculated on two domains: clinical process of care and patient experience
- Patient experience represent 30% of score
- Score based on your performance compared to other hospitals



# Los Angeles County DHS Survey Results

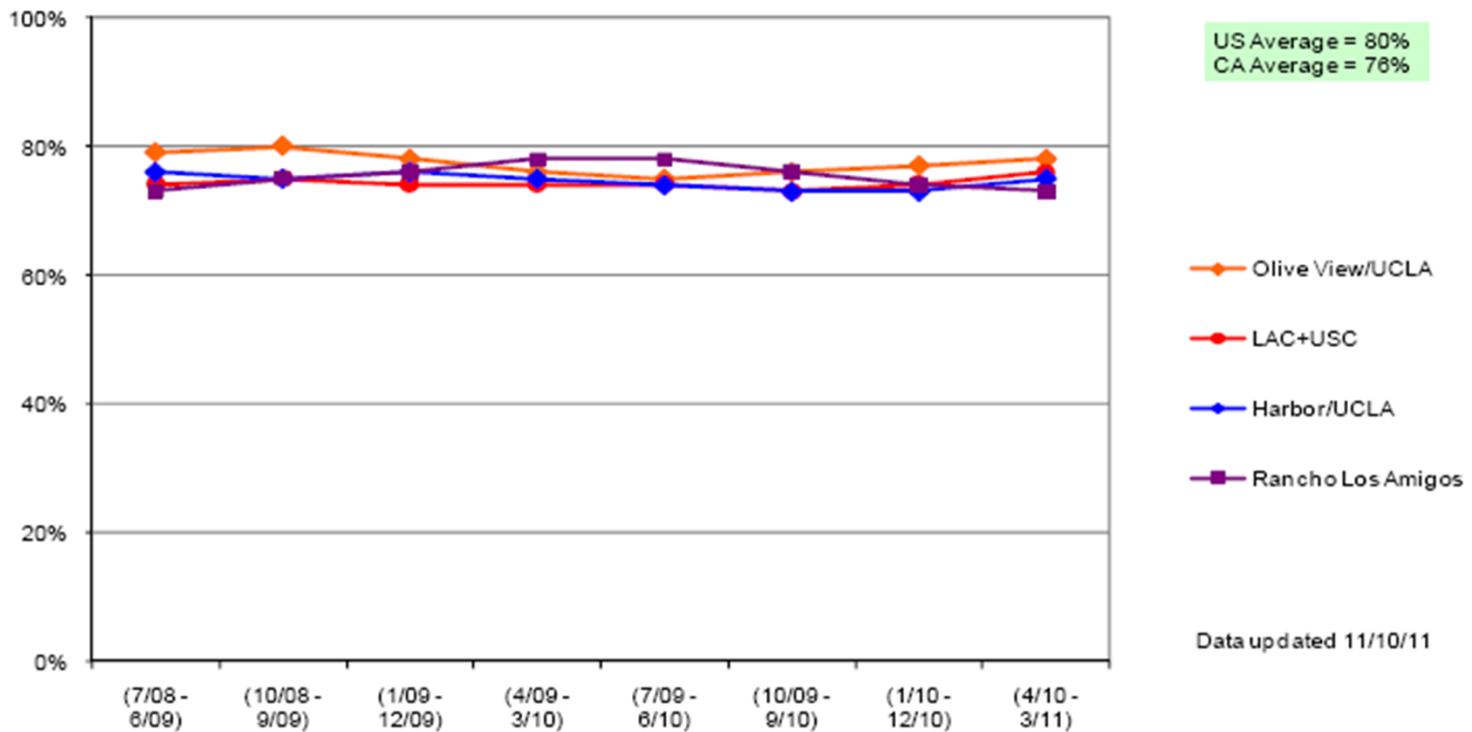
# Survey Results

How often did nurses communicate well with patients?



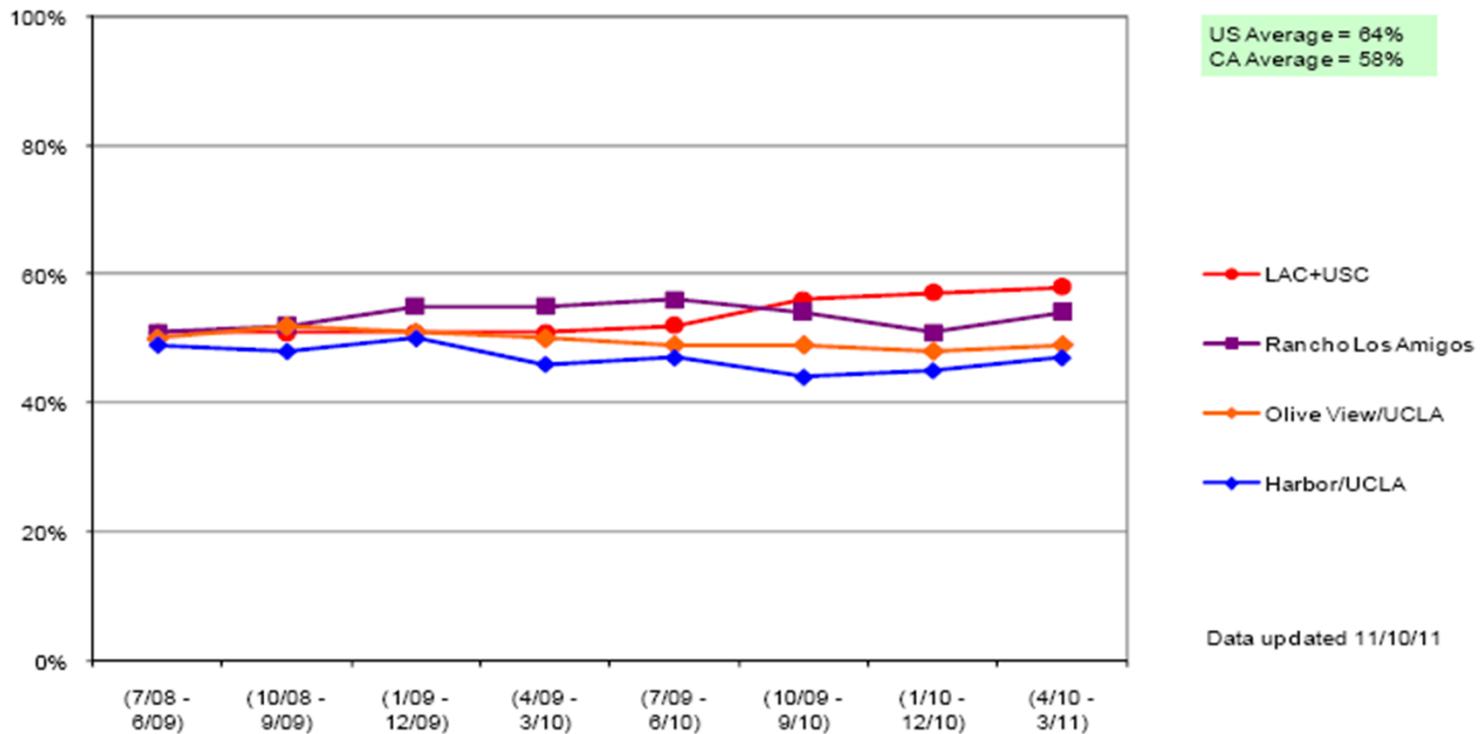
# Survey Results

How often did doctors communicate well with patients?



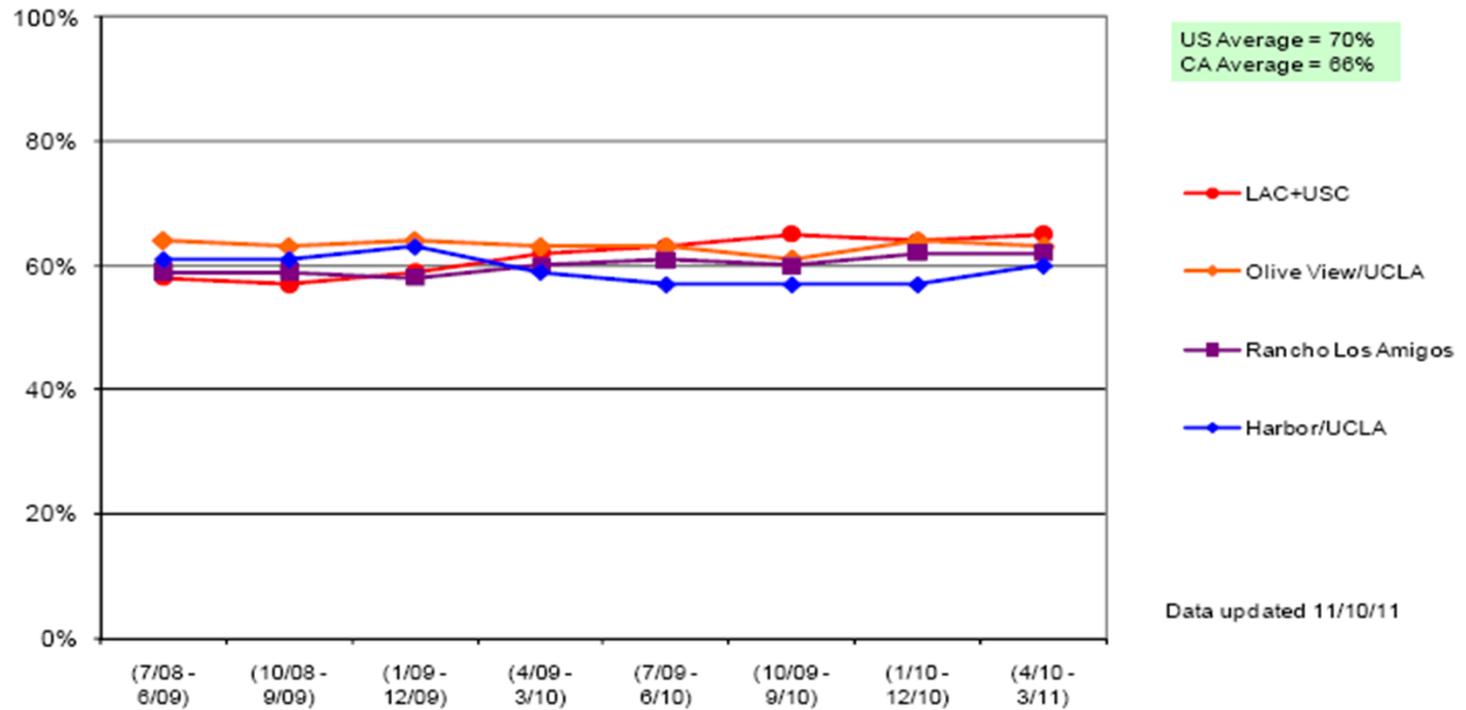
# Survey Results

How often did patients receive help quickly from hospital staff?



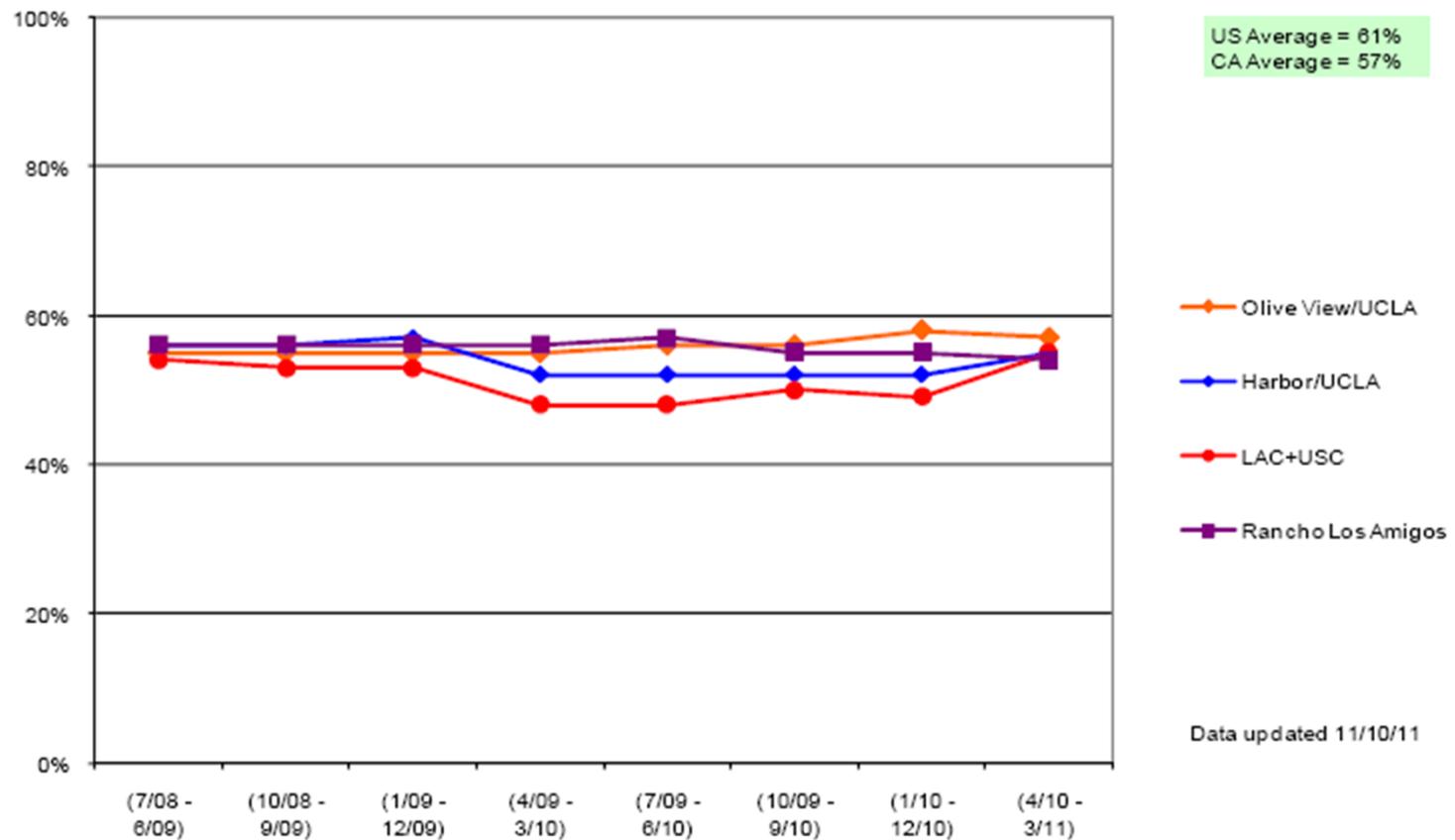
# Survey Results

How often was patients' pain well controlled?



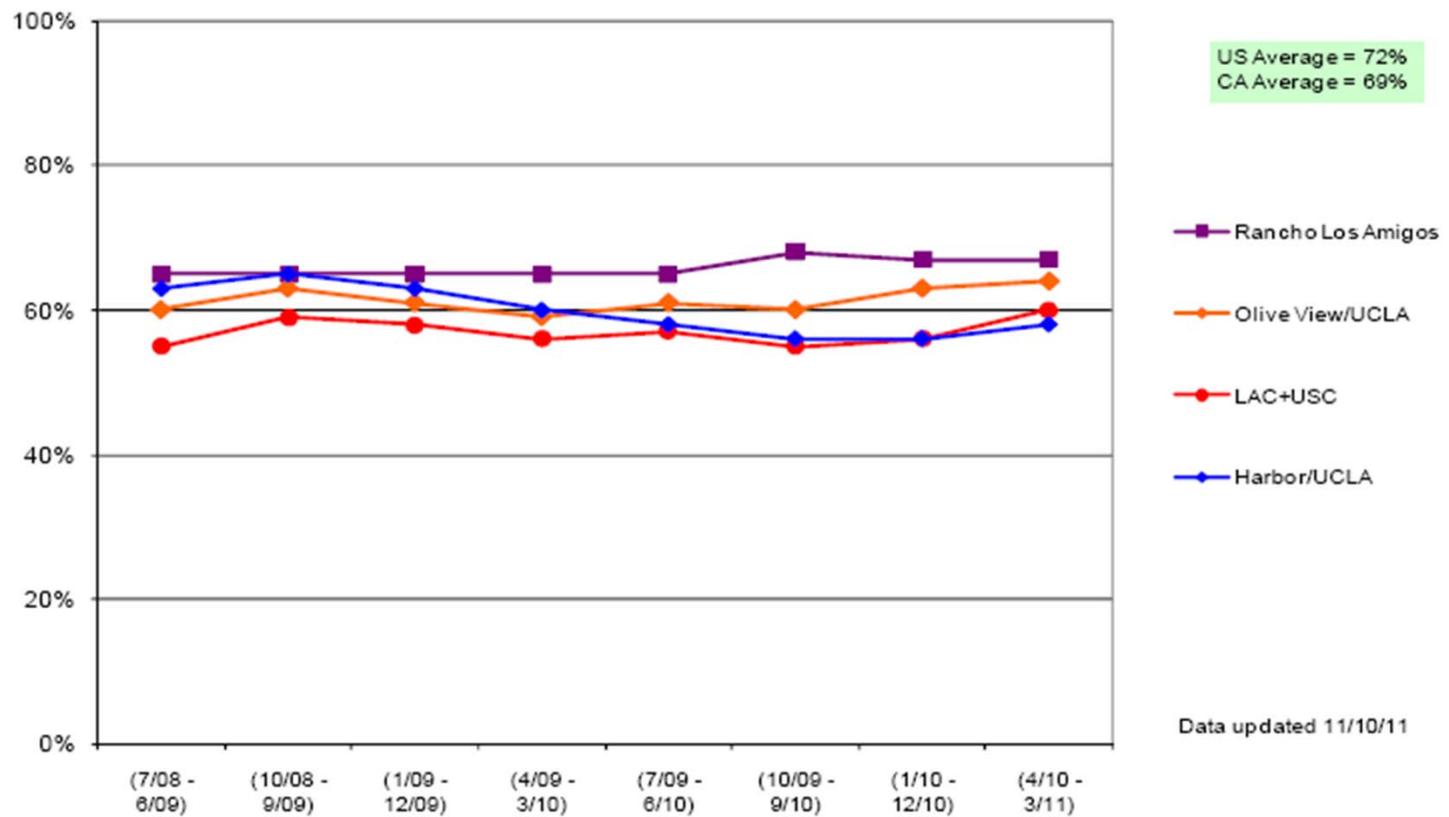
# Survey Results

How often did staff explain about medicines before giving them to patients?



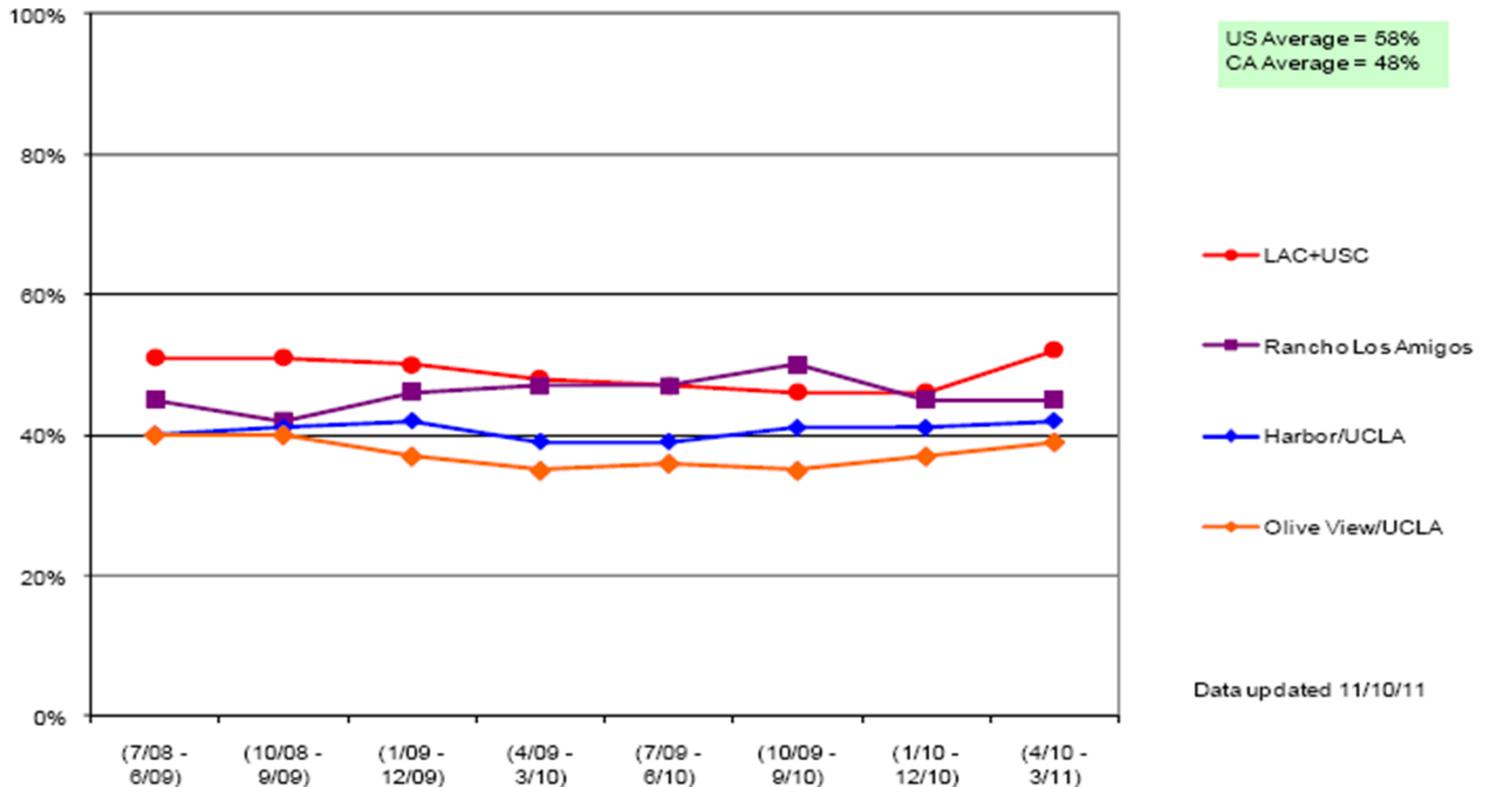
# Survey Results

How often were the patients' rooms and bathrooms kept clean?



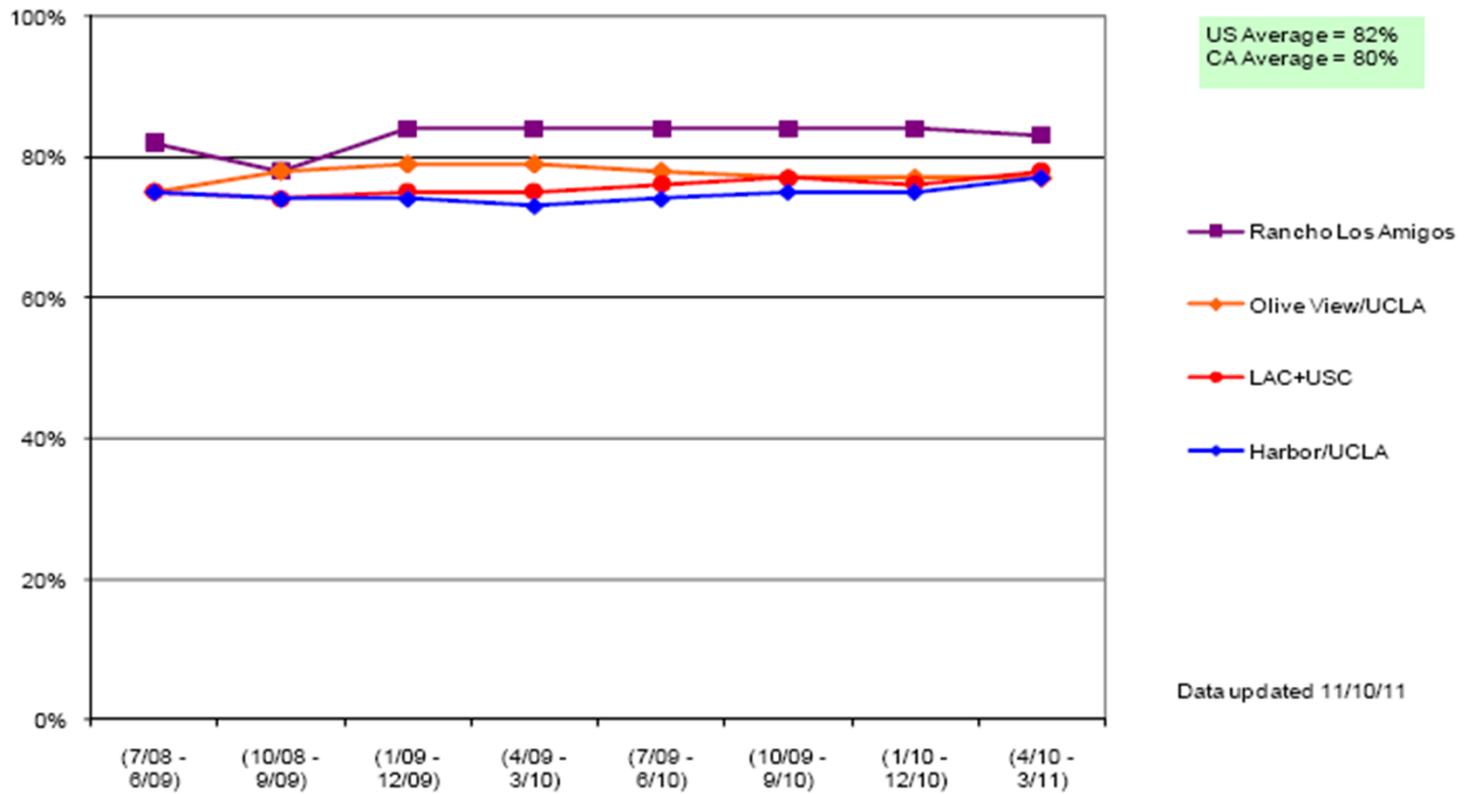
# Survey Results

How often was the area around patients' rooms kept quiet at night?

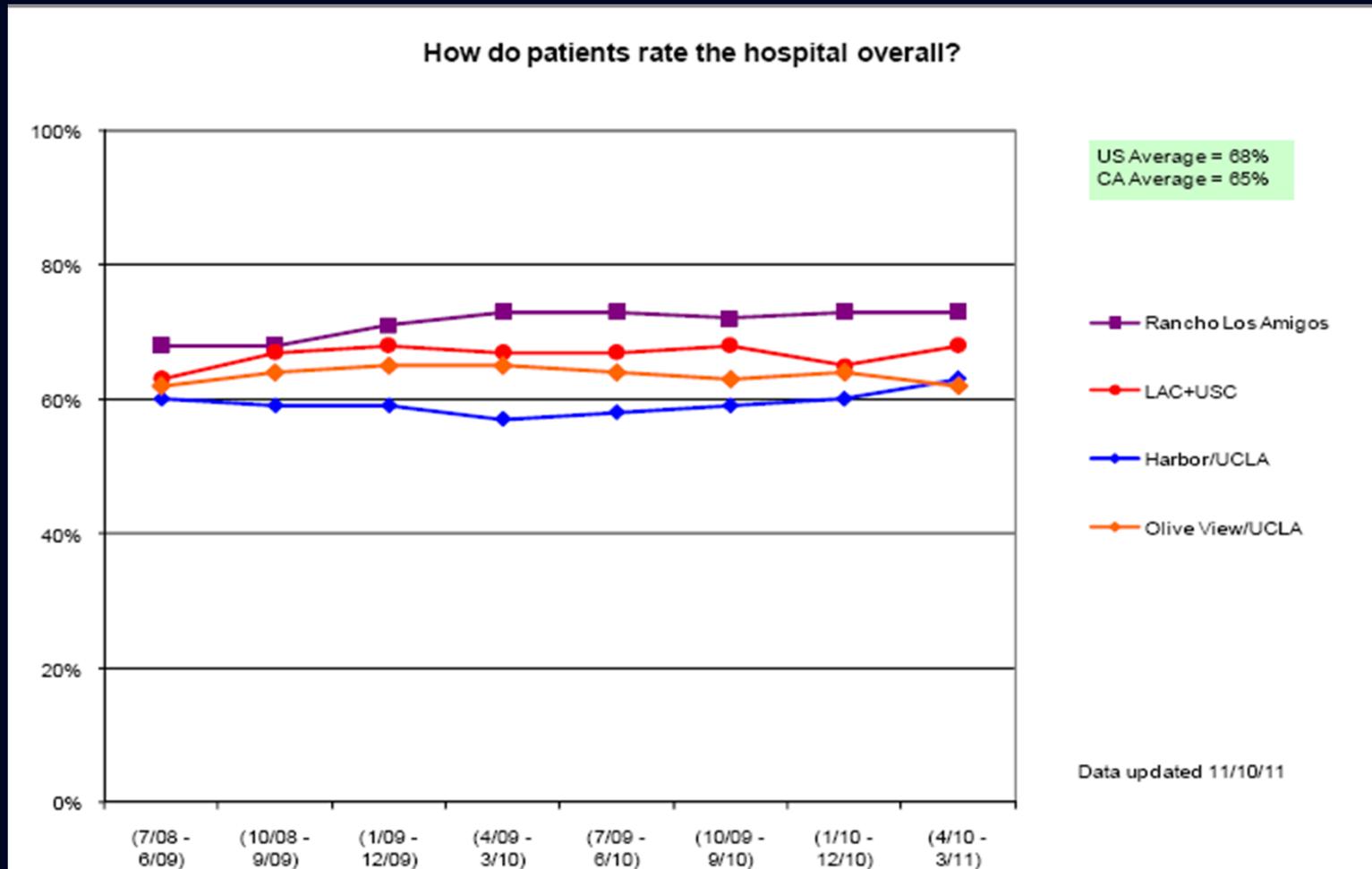


# Survey Results

Were patients given Information about what to do during their recovery?

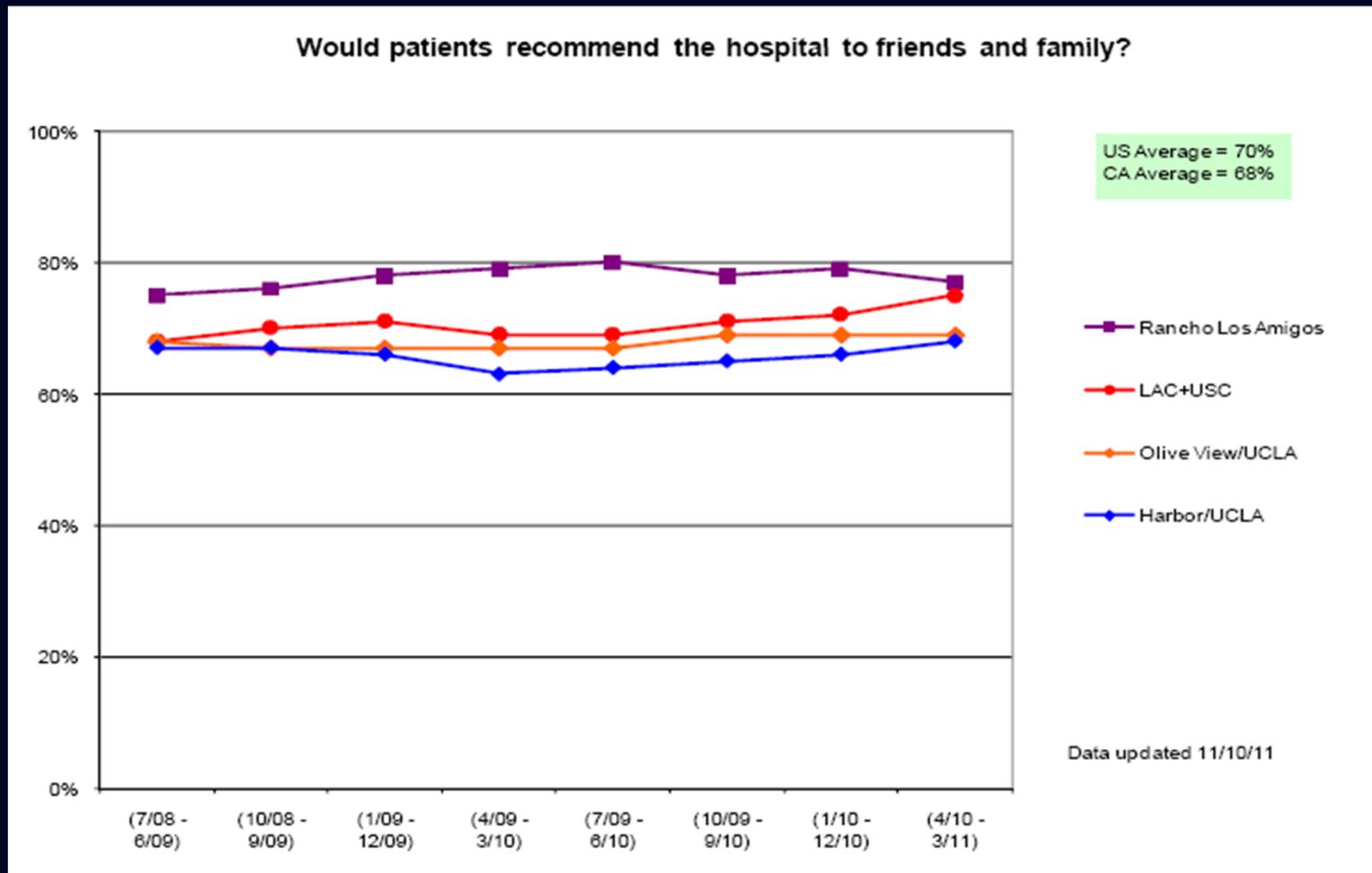


# Survey Results



# Survey Results

Would patients recommend the hospital to friends and family?



# Patient Satisfaction vs. Readmission

- Unplanned hospital readmissions cost Medicare \$26 billion every decade
- Effective October 2012, hospitals with the highest rates of readmissions can lose up to 3% of Medicare reimbursements

# Patient Satisfaction vs. Readmission

- Patient satisfaction measures are more predictable indicators of readmissions than CMS Core Measure quality indicators!
  - Acute myocardial infarction
  - Heart failure
  - Pneumonia

1-Boulding, W. et al. "Relationship Between Patient Satisfaction With Inpatient Care and Hospital Readmission Within 30 Days." *The American Journal of Managed Care* 17.1 (2011): 41-48.



It is the *Safer* Thing to Do

# It is the Safer Thing to Do

- Higher levels of service satisfaction result in patients with:
  - Lower levels of stress
  - Higher levels of compliance
  - Higher tolerance
  - Shorter hospital stays

# Patient Satisfaction vs. LOS

- Duke University Children's Hospital (2000) found direct correlation between customer satisfaction and length of stay<sub>1</sub>
- Shorter length of stay leads to fewer infections<sub>2</sub>
- Reduction in LOS by 1 day equates to increase in bed capacity of 38 beds/200 bed hospital<sub>2</sub>

1-Meliones, J. "Saving Money, Saving Lives." *Harvard Business Review* 78.6 (2000): 57-67.

2-Stone, S. *A Retrospective Evaluation of the Planetree Patient-Centered Model of Care Program's Impact on Inpatient Quality Outcomes*. Diss. University of San Diego, 2007.

# Patient Satisfaction vs. Mortality

- Higher patient satisfaction scores are associated with clinician's improved adherence to myocardial infarction (MI) practice guidelines
- Higher patient satisfaction scores are associated with reduced risk of mortality in post MI patients
- Satisfaction with nursing care was the most important determinant of overall patient satisfaction.

Glickman et al. (2010) . "Patient Satisfaction and its Relationship With Clinical Quality and Inpatient Mortality in Acute Myocardial Infarction." *Circulation. Cardiovascular Quality Outcomes* 3(2): 188-95.

# Patient Satisfaction vs. Patient Safety

- Significant correlation between the rate of patient falls and patient satisfaction.<sup>1</sup>
- Healthcare associated infection rates correlated with patient satisfaction scores.<sup>2</sup>
- Patient satisfaction rates correlated with employee perception of patient safety culture.<sup>3</sup>
- Positive patient safety culture associated with fewer adverse events in hospitals.<sup>4</sup>

1-Meade, Bursell, and Ketelsen (2006).  
2-Kaldenburg & Trucano (2007)  
3-Wolosin, R. (2008)  
4-Mardon et al. (2010)



What Can We Do to Improve?

# It Won't Be Easy...

The provision of health care involves:

- Innovation of Apple
- Customer service of Ritz Carlton
- Daily life or death decision making
- World class education
- Inventions that shape the future of medicine

# UCLA Model

- Changed their mission

“Delivering leading-edge patient care, research, and education”



“To provide the best patient experience with every patient, every encounter, every time”

- Patient satisfaction scores 30%  95%

## UCLA Model: CICARE

- **C**onnect with the patient using their preferred name
- **I**ntroduce yourself and your role
- **C**ommunicate what you are going to do, how it will affect the patient
- **A**sk for and anticipate patient and/or family needs, questions or concerns
- **R**espond to patient and/or family questions and requests with immediacy
- **E**xit courteously explaining what will come next or when you will return

# CICARE Guidelines

- **Courtesy**
  - In *all* areas of the hospital
  - Offer greeting, make eye contact
  - Allow patients/visitors to go first
  - Offer help getting to destination
  - Speak politely, in moderate tones

# CICARE Guidelines

- Professionalism
  - Ensure confidentiality
  - Speak in English when communicating with other providers and in the patient's preferred language when communicating with the patient
  - Restrict personal phone calls/cell phone use during break times
  - Show pride in your personal appearance
  - Demonstrate responsibility and commitment through attendance and timeliness
  - Demonstrate pride in your facility by helping to keep it clean and safe

# CICARE Guidelines

- Respect
  - Respect your patient's privacy and dignity
  - Knock on door before entering and ask permission to enter
  - Ask permission to examine the patient and provide an explanation of what you are going to do

# Group Activity

- Describe the last time you 'cared' for a patient?
- How did it make the patient feel?
- How did it make you feel?

# Execution Beyond the Script

- Talent selection
- Accountability
  - Contracting
  - Employee evaluations
  - Public reporting of unit specific rates
- Daily discussions of customer service application
  - Peer observations
  - Patient interviews
  - Opening statements at meetings

## It is the *Right* Thing to Do

- Leaders need to demonstrate a model for caring...beginning with their staff
- Leaders can inspire staff to care for themselves, their coworkers, and their patients
- You are in the business of providing care to people who have lost their own sense of dignity and worth
- Being a patient is an important life event...patients will remember you being there



# Group Activity

- Describe the last time a leader 'cared' for you?
- How did it make you feel?
- What did you do differently after that encounter?

# It is the *Right* Thing to Do

- Honor the dignity, worth, and spirit of your co-workers
  - Do not engage in the ‘3Bs’
    - Bickering
    - Back-stabbing
    - Blaming
  - Do engage in the ‘3Cs’
    - Caring
    - Committing
    - Collaborating

# Basics Tenets of Customer Service

- No amount of amenities can make up for poor products or execution
- Catch people “getting it right” and reinforce their good behavior
- Don’t be afraid to scout for customer service talent
- Don’t put up with substandard behaviors
- Apply the ‘golden rule’ in your interactions

## Group Activity

- What are you going to say to a co-worker about the care they provide when you go back to work?

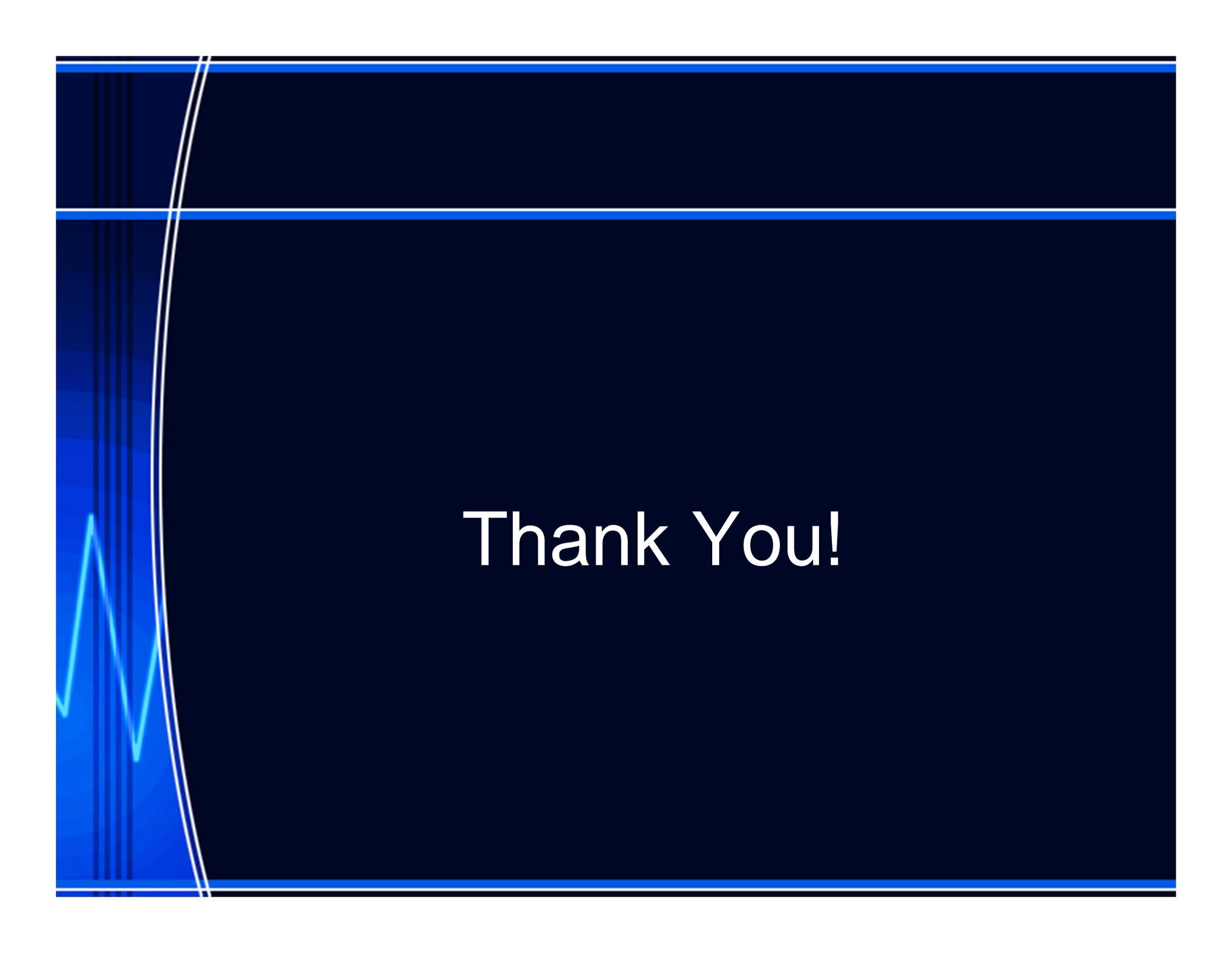


*“It doesn’t matter if you are a doctor, a nurse, or a janitor or if you carry a leadership title, we all must champion and execute on the common goal of coming in every day to make sure we take care of our next patient”*

Dr. David Feinberg, CEO  
UCLA Hospital System

The image features a dark blue background. On the left side, there is a light blue line graph with several peaks and valleys. A white question is centered in the middle of the slide.

Why is This So Important to Me...to You?



Thank You!