

4<sup>th</sup> Annual Maryland Patient Safety Conference  
March 20, 2008

## **Consumer-Centric Safety Improvement**

### ***Learning from Patients & Families***

Patrice L. Spath

## **Consumer Role in Safety**

1. Help to ensure their own safety
2. Work with health care organization to improve safety within that organization
3. Advocate for safety improvements in all health care organizations

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## Work with Health Care Organization

- **Passive:** raise safety concerns and provide feedback
  - ✓ Hospitalized patients feel vulnerable and are reluctant to complain
  - ✓ Satisfaction surveys rarely contain specific improvement suggestions
- **Inter-active:** partner with caregivers to improve safety
  - ✓ New experience for caregivers and patients – both are often fearful and reticent

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## Inter-Active Partnerships

- Improve safety at the organization and unit level through direct interactions with caregivers on:
  - ✓ Proactive improvement projects
  - ✓ Organization-wide patient safety committee
  - ✓ Reactive improvement projects (incident investigation)

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## WHY We Can't Do It

- “Nothing constructive will come out of it”
  - ✓ Patients/families don't understand the health care system
  
- Quality is more than technical quality
  - ✓ The experience of care matters
  - ✓ Patient and family experiences can be improvement drivers

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## WHY We Can't Do It

- “We might not be able to fix their concerns”
  - ✓ Financial and other limitations
  
- Be upfront and honest
  - ✓ Make it clear that some ideas for improving care may not be feasible but this should not dissuade anyone from making suggestions

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## WHY We Can't Do It

- “Legal counsel won’t allow it”
  - ✓ Confidentiality protections might be waived
  - ✓ Litigation might increase
  
- Involve legal counsel in the discussions
  - ✓ How can we keep from jeopardizing state law peer review protections?
  - ✓ What would increase legal claims?

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## Confidentiality Protections are State-Specific

- **Pennsylvania** Medical Care Availability and Reduction of Error (MCARE) Act, March 2002
  - ✓ A hospital's patient safety committee shall include two residents of the community served by the medical facility who are not agents, employees or contractors of the medical facility
  - ✓ No person who performs responsibilities for or participates in meetings of the patient safety committee shall be allowed to testify as to any matters within the knowledge gained by the person's responsibilities or participation on the patient safety committee
  
- **New Jersey** Patient Safety Act, October 2004
  - ✓ Any documents, materials or information developed by a health care facility as part of a process of self-critical analysis concerning preventable events, near-misses and adverse events, including serious preventable adverse events, and any document or oral statement that constitutes the disclosure provided to a patient or the patient's family member or guardian pursuant to subsection d. of this section, shall not be subject to discovery or admissible as evidence or otherwise disclosed

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## Confidentiality Protections in Maryland

### COMAR 10.07.06 Hospital Patient Safety Program

- Before a committee can operate or review patient safety activities, a hospital shall require that the committee meet the requirements for a medical review committee under Health Occupations Article, §1-401 et seq.
- A medical review committee:
  1. Evaluates and seeks to improve the quality of health care provided by providers of health care;
  2. Evaluates the need for and the level of performance of health care provided by providers of health care;
  3. Evaluates the qualifications, competence, and performance of providers of health care; or
  4. Evaluates and acts on matters that relate to the discipline of any provider of health care.
- Communications that are medical review committee communications shall be treated as confidential, non-discoverable and not admissible as evidence in any civil action.

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## Rogue Valley Medical Center Medford, Oregon

"I was approached in 2007 by our Risk Manager with a request that we include the patient's family in the RCA. My first reaction was one of horror. I was concerned that we would have significant liability risks."

Kent Brown, CEO



"We could not undo what had happened to the patient. However, we could offer the wife an opportunity to be an advocate for her husband and for future patients."

Bobbi Higgins, Risk Manager

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## Rogue Valley Medical Center Medford, Oregon

Legal counsel cautioned against including family members on the RCA team. Yet the administrative team ultimately decided to take the risk.



"Would we do it again? The answer is a resounding YES. It's just one more element of transparency. It's something we owe to our patients and family members. Having now participated in an RCA that involved the family, I know we did the right thing."

Kent Brown, CEO

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## Key Learning

- Everyone (outsiders and insiders) needs to be supported and adequately prepared
  - ✓ Everyone must be informed and feel that they have an equal and important role to play in the investigation

"We'd developed a open and trusting relationship with the family from the very beginning. Knowing that we welcomed her input during the investigation reinforced that relationship."

Bobbi Higgins, Risk Manager

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## Key Learning

- Lay people as well as staff members will feel awkward and vulnerable during the face-to-face discussions
  - ✓ It is important to create a safe atmosphere for expression of emotions

“Our biggest fear was that we’d say the wrong thing in front of the family.”

Jo Lynn Wallace, VP of Patient Care Services

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## Key Learning

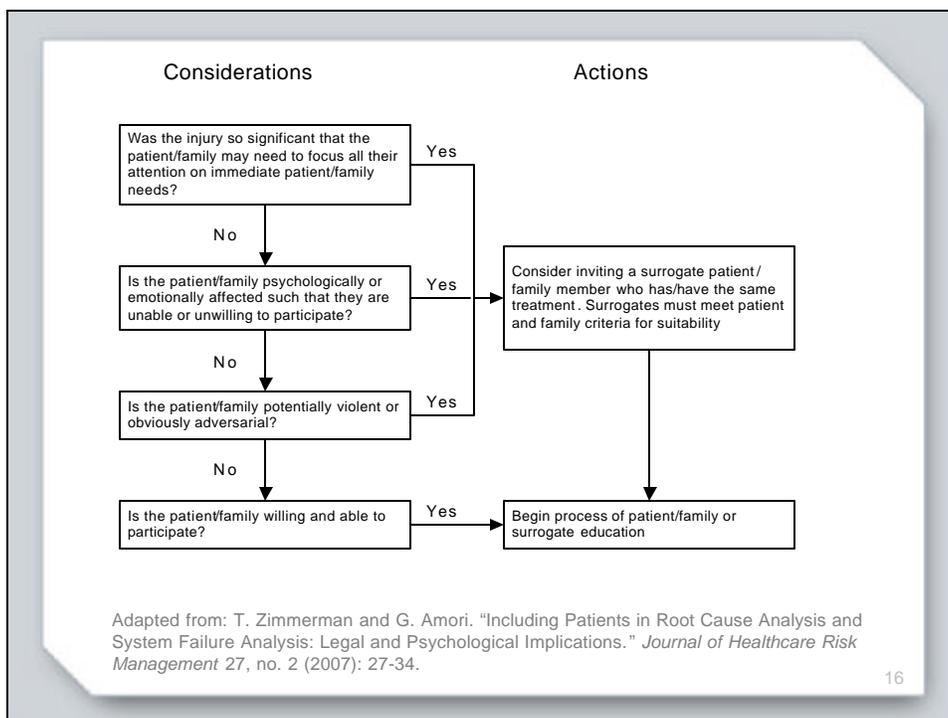
- There is value in transparency for staff members
  - ✓ It allows key employees to apologize and grieve with the injured party and forgive themselves for what happened
  - ✓ Understanding and agreeing that change is needed in a very public way generates a strong commitment among staff members to make sure that improvements actually happen

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## Should Patient/Family be Invited to Participate in the RCA?

- Every situation is different
  - ✓ Event too emotional or volatile for caregivers
  - ✓ Some patients/families won't wish to be involved
  - ✓ Circumstances may be such that lay person participation would not be appropriate

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## At a Minimum: Listen to the Patient or Family

- People close to the process often fail to see inconsistencies or system breakdowns
- People impacted by the process have a different point of view



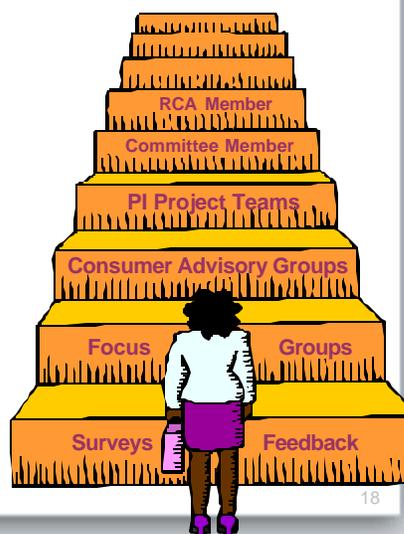
“Our input is important to the investigation. What matters most is that caregivers hear and pay attention to our side of the story.”

Sorrel King, Consumer Patient Safety Advocate

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## Learning from Patients and Families

- **Passive:** Solicit input through surveys, focus and advisory groups
- **Inter-Active:** Member of PI project teams, committees, RCA teams



## Consumers on Safety Improvement Project Teams/Committees

- Confidentiality concerns
  - ✓ Outsiders have access to performance data
  - ✓ Outsiders learn about process and system deficiencies
- Value concerns
  - ✓ Can outsiders really help improve quality and safety?
  - ✓ Will outsiders inhibit caregiver discussions?

“The greatest barrier to involving patients in the work of safety improvement is providers’ fear of the unknown.”

Rosemary Gibson, Senior Program Officer  
Robert Wood Johnson Foundation

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## “In the News” Organizations

- At Dana-Farber Cancer Institute (Boston, MA) patients and families:
  - ✓ Serve on the clinical quality committee and other committees and improvement teams
  - ✓ Participate in “glitch rounds”
  - ✓ Conduct patient safety interviews
- At MCG Health System (Augusta, GA) patients and families:
  - ✓ Serve on the patient safety committee and other committees and improvement teams
  - ✓ Participate in “adopt-a-unit” rounds

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## Passavant Area Hospital Jacksonville, Illinois

- In January 2008 added lay people from the community to the hospital's patient safety team



"Expanding the membership of the patient safety team was just one more step in our patient partnership journey."

Connie Mudd, VP of Quality Management

Spath, P.L. Involving Patients in Safety Improvement. *H&HN OnLine Magazine* (Feb. 19, 2008)  
<http://www.hhnmag.com/>

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## Passavant Area Hospital Jacksonville, Illinois

- Added three community members
  - ✓ Former governing board member and frequent patient
  - ✓ Representative from minority community and former patient
  - ✓ Dissatisfied wife of former patient

"Choosing people to work with the hospital at improving safety is just like hiring a consultant. First determine the attributes you want in those people ... then go out and find people who fit your job description."

Rosemary Gibson, Senior Program Officer  
Robert Wood Johnson Foundation

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## Passavant Area Hospital Jacksonville, Illinois

- Orientation prior to 1<sup>st</sup> meeting included:
  - ✓ Current patient safety scorecard showing level of compliance with Joint Commission patient safety goals
  - ✓ Past three months of team minutes
  - ✓ Hospital's current patient survey results
  - ✓ Hospital's internal patient safety newsletters for 2007

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## Passavant Area Hospital Jacksonville, Illinois

- Lay people asked to sign confidentiality agreements
  - ✓ Specific patient incidents and practitioner performance issues are not discussed at patient safety team meetings



"During our discussions about adding patients to our safety team, fears about loss of confidentiality were expressed. While these fears are real, leadership is committed to getting input from our patients. We didn't let our fears get in the way of our goal."

Connie Mudd, VP of Quality Management

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## Are You Ready for *Inter-Active* Consumer-Centric Safety Improvement?

- Organizational culture
  - ✓ Are patients and families considered integral to the work of improvement?
  - ✓ Does the patient's "experience of care" matter as much as the caregiver's point of view?
  - ✓ Are you committed to full disclosure and transparency?

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## Are You Ready for *Inter-Active* Consumer-Centric Safety Improvement?

- Risk tolerance
  - ✓ Are you willing to accept the possibility of greater liability exposure?
  - ✓ Are you willing to share "insider" information with outsiders?
  - ✓ Are you willing to commit publicly to improvements?

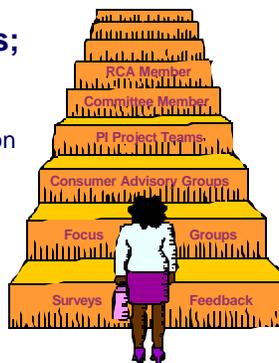


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## **Inter-Active Consumer-Centric Safety Improvement**

**“Organizations must build up to this; it doesn’t happen overnight.”**

Rosemary Gibson  
Robert Wood Johnson Foundation



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## **Final Thought**

Consumer-centric safety improvement isn't a thing that you do ....

It's a way that you do whatever else that you do to improve patient safety



## Additional Resources

- *Creating Safety Partnerships with Patients: A Leadership Guide*. One day workshop sponsored by the Maryland Patient Safety Center. April 24, 2008
- *How to Develop a Community-Based Patient Advisory Council*, Consumers Advancing Patient Safety (<http://patientsafety.org/>)
- *Patient- and Family-Centered Toolkit*, American Hospital Association (<http://www.aha.org>)
- Curry LC, Hogstel MO, Walker C. Family Councils in Long-Term Care Facilities, *Annals of Long-Term Care* (January 2007), 15:1 (<http://www.annalsoflongtermcare.com/altc/attachments/6663.pdf>)
- *The Maryland Family Council Resource Booklet: How to Enhance Family Council Meetings*. (<http://www.nccnhr.org/uploads/FamCnclRsceBooklet.pdf>)
- *Learning from Patient and Carer Experience: A Guide to Using Discovery Interviews to Improve Care*, National Health Service (UK) (<http://www.virtualward.org.uk/silo/files/chd-discovery-interviewspdf.pdf>)
- *Engaging Patients as Safety Partners: A Guide for Reducing Errors and Improving Satisfaction*, available June 2008 from AHA Press (<http://www.healthforumonlinestore.com>)

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## Questions / Comments

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