

Minimizing Malpractice Risk:

A patient approach

Paul A. Sommers, Ph.D.

Malpractice claims result from both real and perceived negligence. Three areas account for claims: standard of care within a specialty; legal obligations; and patient relationships. Information from the risk-management services division of St. Paul Fire and Marine Insurance Company shows that about 1 in 100 hospitalized patients could legally bring a negligence action against their medical-care provider for failing to act or for acting improperly. Yet, less than 10 percent of them do. Why? Often the answer lies with the type of relationship the patient has with his or her health-care provider. The more positive the relationship, the less the malpractice risk.

The development of good patient relationships occurs, not by chance, but by prospective planning, systematic training, and ongoing evaluation. Furthermore, all staff functioning as part of the service delivery team must become patient-oriented, not just the physician.

Patient Relationships

The patient-physician relationship is interpersonal by design and predicated upon trust. Without trust, patient compliance becomes suspicious and anticipated results can be tenuous. Liability, by definition, refers to something that works to one's disadvantage. The less trust a patient

has in the physician, the more liability becomes a factor. Reduction of such liability can be easily achieved by providing patient-oriented services.

By placing oneself in the patient's shoes, it is possible to better understand what expectations are being placed on the medical and paramedical staff. Too often patients are routinely expected to follow rigorous directions and procedures that may be common sense to the physician, but are fuzzy, at best, to the lay person.

The entire medical community can benefit from improving less-than-favorable service. A review of procedures conducted at nurses' stations, appointment desks, and examination rooms, as well as within the administrative section of any organization, is needed if patient satisfaction is to be attained.

Physicians should ask each patient to write out the questions for which they are seeking answers. This exercise allows the physician to review problems in sufficient detail before examining the patient, making sure that all concerns are properly addressed.

Medical services are too often designed around the physician's schedule, with patients filling available slots. This priority must change. Consideration for such important patient concerns as vacation schedules, distance from their home to the clinic, school hours of their children, available transportation, preference for male or female physicians, lodging

accommodations, and coordinating more than one appointment on the same day, should be accorded high priority by physicians. A helpful rule of thumb is to treat the patient as you would like to be treated.

Problem Prevention

An appropriate communication pattern must be initially established with new patients by the office staff and physician. Dialogue must set in motion a clear, meaningful relationship between patient and physician. Briefly outlining what will be taking place during the appointment allows the patient to prepare for what is to come. Training oneself to actively listen, with all attention focused on the individual patient at hand, is an essential interpersonal skill. Physicians should be willing to discuss differences with patients openly, while respecting the patient's views.

Complaints are inevitable. Each problem or issue between two or more individuals should be viewed from each person's perspective. Most disagreements can be resolved if time is taken to clearly identify all related aspects of the case from each point of view. The proper action should then be initiated without accusing or blaming anyone.

Many forms of consumer participation are possible; including consumers on health-care advisory boards, committees, or task forces, for example, is a common practice. In this way, as policies and procedures relating to the delivery of health services are adopted by an or-

ganization, consumers are involved through committee work. However, what typically happens in this form of consumer participation is that friends of the organization are often appointed, elected, or otherwise recruited. Such a process defeats the purpose of seeking unbiased consumer input to help objectively determine satisfaction. Effective consumer-participation efforts must go beyond such token involvement. A physician who wants accurate information about patient-care services must consistently appraise patient perceptions. The physician must compare patient satisfaction with the care provided.

Patient participation can be of value on at least two levels: by im-

proving care for individual patients by solving problems as they are identified; and by aggregating individual patient information into group data and monitoring the overall satisfaction level with the service system. Patients are appreciative of opportunities to ask the physician questions; to comment on appointment scheduling; and to reflect on their progress following treatment.

Although many problems are resolved during the office visit, some cases necessitate additional arrangements. In these instances, follow-up contact with the patient after the visit is important. Although brief and typically inexpensive, this contact affords an opportunity to monitor results of medical intervention, pro-

motes a continuing link between patient and physician, and permits patient satisfaction to be evaluated.

The patient-physician difference of opinion concerning services received compared with what was expected can be called an index of satisfaction. To develop this index, it is necessary to continue thinking about services from the patient's point of view. What does the patient expect to hear when he or she calls or writes for an appointment? Is it possible to set up appointments that consider the patient's vacation schedule? Can the physician's hours be extended to accommodate patients who choose not to take off work? Can multiple department appointments be scheduled for different services on the same day?

Risk Management at the Ramsey Clinic

Ramsey Clinic is actively involved with consumer satisfaction and medical liability prevention from a number of perspectives. Currently, Ramsey Clinic has nine branch clinics located in the eastern metropolitan area of St. Paul, Minn., and throughout western Wisconsin. Consumer satisfaction is assessed on a routine basis via questionnaires that are handed out to patients at the time of their clinic visit. The questionnaire may be completed by the patients before they leave the clinic or after they return home. It is provided in a stamped, self-addressed envelope format and set up to facilitate consumer ease in completing.

Questionnaire data is collected and analyzed from both an individual and group perspective. Specific concerns brought up by patients are addressed for resolution by clinic administration. Secondly, cumulative group scores are obtained on each survey question. These scores are seen as baseline measures which provide benchmarks for ongoing evaluation of the service delivery system.

If scores on a specific question do not maintain expected rating levels, it is important to determine the reasons. Less than satisfactory ratings

need to be identified and adjustments made to improve the discrepancies.

A specific medical liability prevention program has been established in the form of "risk management" services. As part of the administrative team, a risk manager is in place to plan, develop, implement and coordinate the risk management effort. The manager selects appropriate techniques to minimize losses such as avoidance (reducing chance of loss to zero), loss prevention and reduction (reducing frequency and severity of loss), and retention (including self-insurance and planned non-insurance).

Specific responsibilities of this position include analyzing and classifying risks as to frequency and potential severity, and measuring the financial impact of risk on the clinic with the help of actuaries as well as legal counsel. The manager coordinates insurance negotiation, the selection of insurance brokers and carriers, and places insurance through the Risk Management Committee.

Additionally, there is a responsibility for claim and self-insurance administration and allocation of program costs. The manager prepares operations and risk reports for man-

agement analysis. Future risk manager functions will include developing loss prevention, safety programs, and self-insurance for the workers' compensation program.

A third component in the Ramsey Clinic system has been the establishment on the main campus and throughout the branch clinic network of a consumer-oriented marketing discipline among employees. Current activities have included developing and implementing a sensitivity and awareness series for all clinic employees on the techniques of patient-centered medical practice management; starting a campus and system-wide procedure for monitoring and improving consumer satisfaction; and establishing an ongoing employee recognition and satisfaction program to encourage and reward individual performance consistent with the philosophy of a market-driven service delivery system. Ramsey Clinic is also working on designing baseline service expectations for all employees, with linkages to performance evaluation and compensation as a means to stimulate individual performance consistent with organizational goals. □