# Using Unsolicited Patient Complaints to Improve Patient Outcomes and Organizational Culture

August 8, 2023

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# Housekeeping

- All participants are muted.
- **Audio Settings:** ability to select your speakers and adjust your volume.
- **Chat**: for sharing of ideas, interacting with speakers and attendees; not for promoting services and products. Make sure you choose 'Everyone' in the dropdown in the chat box.
- **Q&A:** for submitting questions to review at the end of the webinar
- **Captions**: Click the caption icon to turn captions on/off
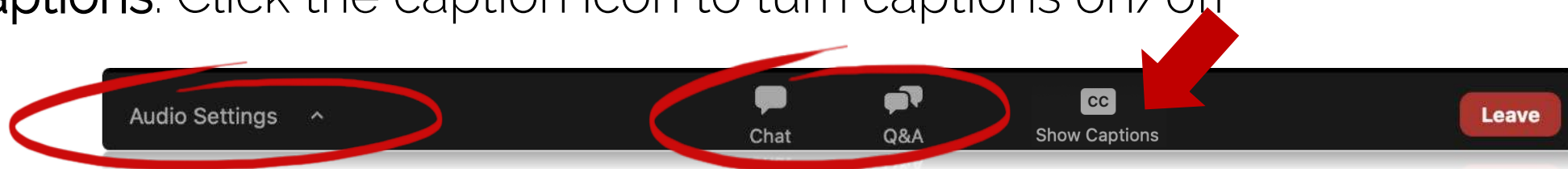


- Receive follow up email tomorrow with webinar slides, recording and link to survey.

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# PX Continuing Education Credits

- This program is approved for 1 PXE.

- In order to obtain patient experience continuing education credit, participants must attend the program in its entirety and complete the evaluation within 30 days.

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- No products are available during this educational activity, which would indicate endorsement.

*This webinar is eligible for 1 patient experience continuing education (PXE) credit. Participants interested in receiving PXEs must complete the program survey within 30 days of attending the webinar. Participants can claim PXEs and print out PXE certificates through Patient Experience Institute. As recorded webinar, it offers PXE for two (2) years from the live broadcast date.*

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# Our Speakers

Cynthia Baldwin, MS, RN, CPHRM
*Senior Associate, Department of Pediatrics
and School of Nursing*
Vanderbilt-Center for Patient and
Professional Advocacy

Nancy Stueland, M.S.Ed., CPXP
*Director of Patient Experience*
Marshfield Clinic Health System

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## Slide 1

**Using Unsolicited Patient Complaints to Improve Patient Outcomes and Organizational Culture**

Nancy Stueland, M.S.Ed., CPXP
Director of Patient Experience
Marshfield Clinic Health System

Cindy Baldwin, MS, RN, CPHRM
Senior Associate Department of Pediatrics and School of Nursing
Faculty, Vanderbilt Center for Patient and Professional Advocacy

## Slide 2

**Marshfield Clinic Health System** — 2023

Caring for patients since 1916

**65 Clinical Locations** in **45 Communities** | **170+** Specialty Services

**225,000** Security Health Plan members across all 72 Wisconsin counties

Home to the area's only **Children's Hospital** — 1 of only 4 in Wisconsin

**Marshfield Clinic Research Institute** — With 5 research centers, it is one of the largest private medical research institutes in Wisconsin.

**3.7 million** Patient Encounters

**350,000** Unique Patients

**13,000** Employees

**$601.4 million** Community Benefit *Data as of CY2021

**1,600 Providers** — 91% of providers with 4.5 Stars or higher

**Academic Location** for the **University of Wisconsin** School of Medicine & Public Health

We collaborate with **400 Community Organizations** on Community Health Initiatives

**10** Dental Centers
**11** Hospitals
**19** Pharmacies
**36** Clinical Laboratories

## Slide 3

OUR MISSION
**we enrich lives**
...to create healthy communities through accessible, affordable, compassionate health care.

OUR VISION
**we will innovate**
...and define the future of health care for generations and will be the consumer's first choice for health care.

OUR VALUES
**PATIENT-CENTERED:** We listen, serve and put the needs of the patient first.
**TRUST:** We earn trust through honesty, integrity, respect and compassion.
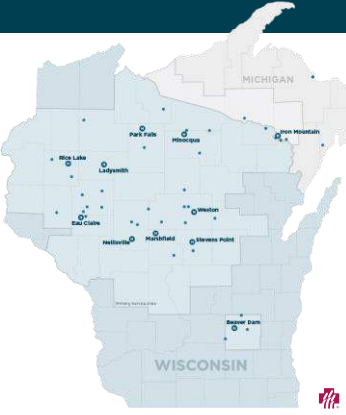**TEAMWORK:** We work together, respecting each other and our professional roles.
**EXCELLENCE:** Through research, education and best practice, we deliver exceptional quality.
**AFFORDABILITY:** We are accountable as we manage resources and deliver value-based care.

Marshfield Clinic Health System

## Slide 4

**Marshfield Clinic Health System**
**Patient Experience Team**

**Patient Experience Improvement**
- Staffed by patient experience coaches
- Patient & Family Advisory Councils
- Patient experience surveys & data
- Improvement strategies & tactics

**Service Recovery**
- Staffed by patient experience liaisons & patient relations quality coordinator
- Managing complaints & grievances
- Reviewing & resolving care concerns
- Advocating for patient needs

WISCONSIN

## Slide 5

Why value patient complaints/grievances?

Why do you and your team do this work?

Scrolling grid

**Mentimeter**

Please enter the code

Submit

or

Find nearby presentations.

Why might someone be reluctant to speak up or report?

Enter a word
Enter another word
Enter another word

Submit

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## Why value patient complaints/grievances?

- Support patients and families
- Learning organizations grow and evolve
- Our patients are our best sources of information since our organization exists to serve them
- Commitment to identifying and fixing issues
- Acknowledge and address the potential for harm that exists in health care: physical harm, emotional harm, financial harm
- Required by regulatory agencies
- Live and demonstrate values associated with a just culture

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## Developing organizational culture

System orientation → Department orientation & onboarding → Developing leaders

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## Scenario Reflection

Patient presents to your ED department in the evening. They were also seen in an urgent care department in your organization yesterday. Patient requests a medication not appropriate for his condition. Patient is known to the ED team. Patient has not established with a primary care provider, despite recommendation to do so. ED team expresses frustration that patient does not follow the recommendations provided.
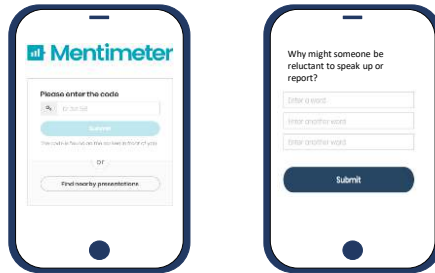
Patient contacts your team because they are dissatisfied with the care in the ED.

## Slide 9

What are terms or words you've heard used to describe a patient who files a complaint?

Word cloud

9

## Slide 10

### Patient Experience Team culture

- Support patients and families across care continuum
- System approach through centralized processes
  - Geographical alignment
- Intentionally developing relationships with partners
  - Risk management, patient safety, patient financial services, operational leaders, providers, and staff
- Create team culture
  - Vocabulary of the work & intentionality
  - Improving documentation of team work processes and on-demand resources (shift from knowledge acquisition only by means of through senior team members)
- Evolution of team: patient relations quality coordinator position
  - Support metrics related to complaint/grievance management
  - Audits files
  - Regular review and updates of policies and procedures
  - Also handles complaints/grievances

10

## Slide 11

### Patient Experience Team Development

- Patient experience liaisons new to role focus on processes for reporting and resolving patient complaints and grievances
- As they grow in role, they participate and lead projects
- Intentionally develop relationships with leaders and colleagues
- Patient experience liaisons can advance to a senior patient experience liaison position
- Foster a team culture of supporting patients, each other, region, and system
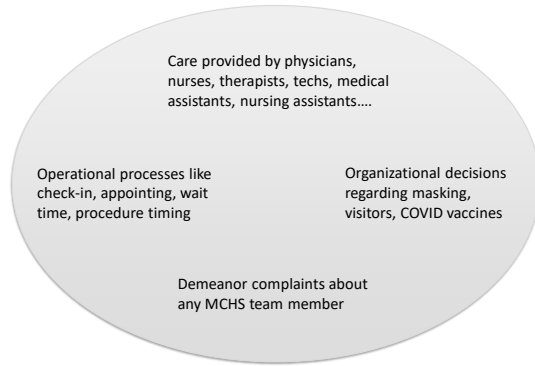
11

## Slide 12

### Service Recovery for all

- Creating ownership for problem-solving
  - Service recovery toolkit
  - Service recovery learning sessions for managers

- Assuring patients know the pathway to share complaints
  - Hospital admission booklets
  - Patient Experience Team business cards
  - Website

- Plan for social media response through collaboration with Communications Team

12

## Scope of work

Care provided by physicians, nurses, therapists, techs, medical assistants, nursing assistants....

Operational processes like check-in, appointing, wait time, procedure timing

Organizational decisions regarding masking, visitors, COVID vaccines

Demeanor complaints about any MCHS team member

13

## Engaging leaders

- Incident reporting notifications for department/unit managers

- Email notification of regional leaders in certain circumstances

- Grievance committee meetings
  - Shared decision-making for complaint outcomes with regional leaders, quality manager, and other stakeholders
  - Complaint/grievance trending review

- Pathway for review of patient quality of care concerns with patient safety, risk management, and physician leaders

- Regular cadence of reporting at regional quality meetings

14

## Continued evolution of the work

- Quarterly process to inform providers and leaders with multiple complaints
- Natural language processing tool to better identify complaint themes
- Link solicited and unsolicited patient feedback (PX surveys and complaints) to identify system issues and implement solutions

15

## Advancing to a partnership with Vanderbilt Health Center for Patient & Professional Advocacy

- Marshfield Clinic Health System partnership includes patient advocacy reporting system (PARS) and co-worker observation reporting system (CORS)
  - Patient Experience team supports the PARS program. HR supports the CORS program

- Leaders recognized that some areas or providers may have a disproportionate number of patient complaints

- Opportunity to improve patient outcomes and reduce malpractice claims

- Strong alignment of anticipated outcomes of the partnership with Marshfield Clinic Health System values and organizational goals
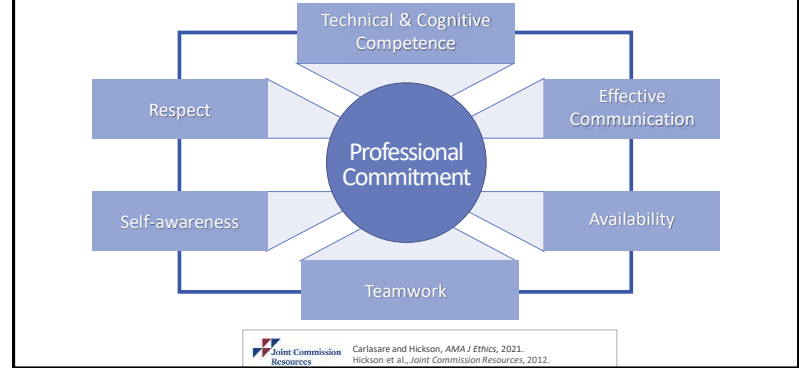
16

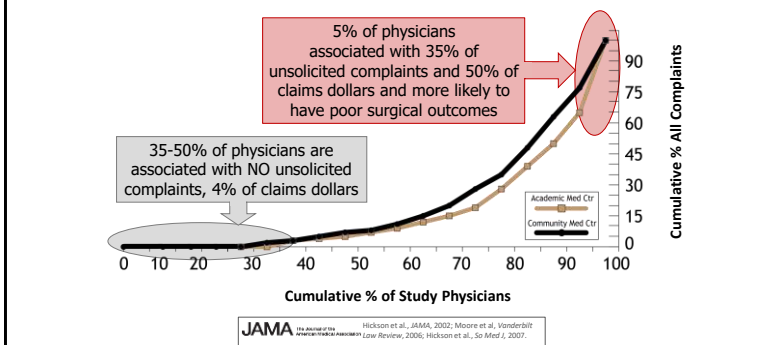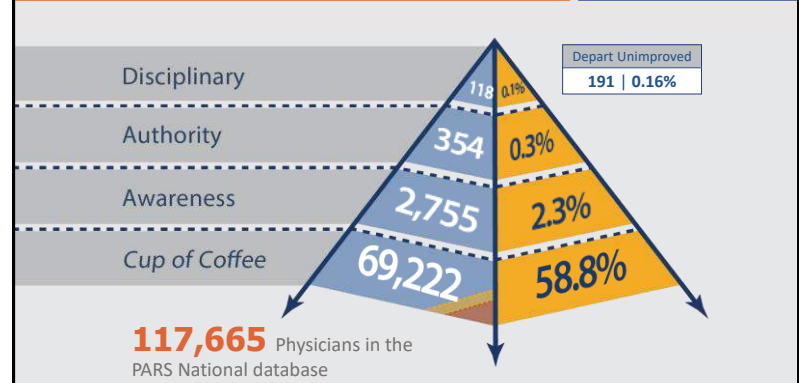## Safety & High Reliability Requires the Right Balance



Intentionally Designed Systems

Accountable Professionals

Hickson et al., *Joint Commission Resources*, 2012.
Talbot TR et al., *Infect Control Hosp Epidemiol.*, 2013.
Cooper, et al., *JAMA Surgery*. 2017. Cooper, et al., *JAMA Surgery*, 2019.

17

## Professionalism and Self-Regulation



- Technical & Cognitive Competence
- Effective Communication
- Respect
- Professional Commitment
- Availability
- Self-awareness
- Teamwork

Carlasare and Hickson, *AMA J Ethics*, 2021.
Hickson et al., *Joint Commission Resources*, 2012.

18

## Cumulative Distributions of Physicians by Patient Complaints



5% of physicians associated with 35% of unsolicited complaints and 50% of claims dollars and more likely to have poor surgical outcomes

35-50% of physicians are associated with NO unsolicited complaints, 4% of claims dollars

Cumulative % All Complaints

Academic Med Ctr
Community Med Ctr

**Cumulative % of Study Physicians**

Hickson et al., *JAMA*, 2002; Moore et al, *Vanderbilt Law Review*, 2006; Hickson et al., *So Med J*, 2007.

19

## CPPA National Experience — PARS



| Level | Count | Percent |
|---|---|---|
| Disciplinary | 118 | 0.1% |
| Authority | 354 | 0.3% |
| Awareness | 2,755 | 2.3% |
| Cup of Coffee | 69,222 | 58.8% |

Depart Unimproved
**191 | 0.16%**

**117,665** Physicians in the PARS National database

20

PARS® Program, National Impact

Interventions on 2682 high claims risk physicians in 175 sites

- 82% Improved
- 8% Unimproved/Worse
- 10% Departed Unimproved
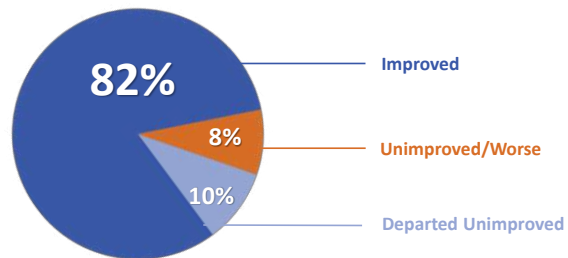
Pichert et al., ABIM Foundation Professionalism Prize, *Journal on Quality and Patient Safety*, 2014.

21



PARS® Partner Comparisons – Year 3

**Marshfield (Year 3)**
- 52% Improved
- 3% Departed Unimproved
- 45% Unimproved/worse

**PARS® Partner A (Year 3)**
- 50% Improved
- 50% Unimproved/worse

**PARS® Partner B (Year 3)**
- 62% Improved
- 38% Unimproved/worse

**PARS® Partner C (Year 3)**
- 54% Improved
- 46% Unimproved/worse
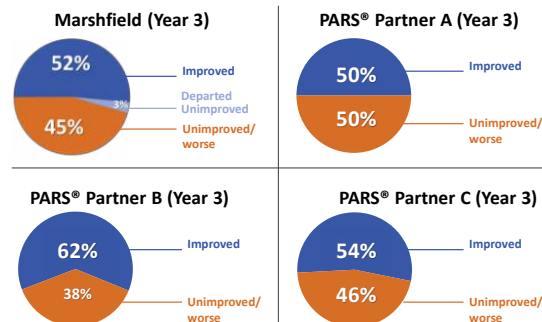
22



**Pursuit of Accountability and Reliability Requires an Infrastructure**

**PEOPLE**
- Committed Leadership
- Project Champions
- Implementation Teams

**ORGANIZATION**
- Clear Goals and Values
- Policies and Procedures
- Sufficient Resources
- Tiered Intervention Models

**SYSTEMS**
- Tools, Data and Metrics
- Reliable Review Process
- Training

Hickson et al., Joint Commission Resources, 2012.

23



Physicians who model disrespect account for: **50-70%** of your organization's **malpractice claims experience and cost**

And if you personally need care under these disrespectful physicians:

You are **20-30%** more likely to have a *surgical site infection

You are **20-40%** more likely to **develop Sepsis**

You are **24-30%** more likely to **die if you require trauma care**

*Includes surgical site infections, wound disruptions, and medical complications (e.g. pneumonia, embolism, stroke, MI, UTI)
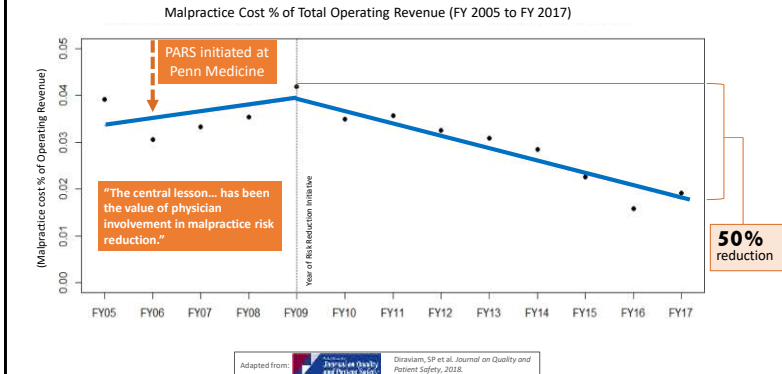
JAMA Surgery Cooper, et al., *JAMA Surgery* 2017 & 2019

Hickson et al., *So Med J*, 2007.
Moore et al, *Vanderbilt Law Review*, 2006.
Hickson et al., *JAMA*, 2002.

ANNALS OF SURGERY Cooper, et al., *Annals of Surgery* 2022

24

## Slide 25
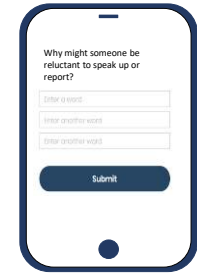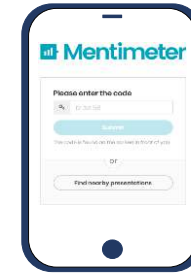
### Malpractice Risk Reduction: A Penn Medicine Case Study

**Malpractice Cost % of Total Operating Revenue (FY 2005 to FY 2017)**

PARS initiated at Penn Medicine

"The central lesson... has been the value of physician involvement in malpractice risk reduction."

**50%** reduction

(Malpractice cost % of Operating Revenue)

Year of Risk Reduction Initiative

FY05  FY06  FY07  FY08  FY09  FY10  FY11  FY12  FY13  FY14  FY15  FY16  FY17

Adapted from: *Journal on Quality and Patient Safety*  Diraviam, SP et al. *Journal on Quality and Patient Safety, 2018.*

25

## Slide 26

**Please take out your electronic devices and go to:**
**www.menti.com and use the code displayed on the screen**

Based on your data and your work, do you have clinicians that you are concerned about based on patterns of complaints that you received?

Multiple choice

Mentimeter

Please enter the code

Submit

or

Find nearby presentations

Why might someone be reluctant to speak up or report?

Enter a word
Enter another word
Enter another word

Submit

26

## Slide 27

### How Wellness Affects Professionalism

**Burnout**
Occupational distress and sleep-related impairment[1]

*Patient report:*

"Dr. X came in, didn't greet me, looked at the computer, just stared off, and then said, 'What do you want me to do for you?'"

*Mayo Clinic PROCEEDINGS*
[1] Dana Welle, DO, JD, et.al., Association of Occupational Distress and Sleep-Related Impairment in Physicians With Unsolicited Patient Complaints, *Mayo Clinic Proceedings, April 2020.*

**Relationships**
Adverse impact of work on personal relationships[2]

*Physician report:*

"In the past year, my job has made it harder for me develop new meaningful personal relationships."

*Mayo Clinic PROCEEDINGS*
[2] Trockel et al., Assessment of the Relationship Between an Adverse Impact of Work on Physicians' Personal Relationships and Unsolicited Patient Complaints, *Mayo Clinic Proceedings, 2022.*

**Cognitive impairment**
Interaction descriptions include Neuro-cognitive Disease diagnostic domain words[3]

*Patient reports:*

"Dr. Y kept forgetting things we had just discussed." (RECENT MEMORY)

"Dr. Y had difficulty using the equipment in the room." (VISUOSPATIAL IMPAIRMENT)

AAGP
[3] Cooper, et al., Unsolicited Patient Complaints Identify Physicians with Evidence of Neurocognitive Disorders *American Journal of Geriatric Psychiatry, 2018.*

27

## Slide 28

### Identification of Reports Requiring Investigation

Culture/Bias 48.3%
Aggression/Violence 23.9%
Boundary Issues 14.5%
Integrity 11.4%
Impairment 1.9%

Huddle Process

Thoughtful Review

**Investigation & Resolution**

**Address Routinely**

28

29



30

# PX Continuing Education Credits

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- Use the PXE link at the end of the evaluation to claim PXE credit at the Patient Experience Institute's PXE Portal.

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# Upcoming Events & Programs

WEBINARS

August 17 | Elevating Experience

August 22 | Don't Get Lost in Translation: Advancing Health Equity and Inclusion

September 12 | Every Conversation Has Consequences

CONNECTION CALLS/PX CHATS

August 11 | PX Chat: Lost Belongings

PROGRAMS

August 8-29 | CPXP Prep Course

September 5-26 | CPXP Prep Course

September 7-28 | CPXP Prep Course



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