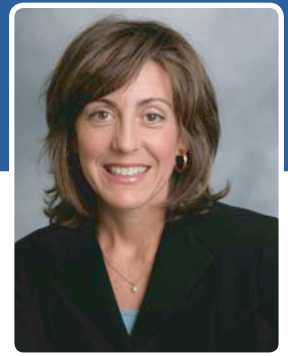




Risk Manager's Notebook

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Changing the Culture in Healthcare Facilities “Sorry Works”

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I've been in the healthcare profession for 25 years and seen many changes. One of the most significant was in the early to mid-eighties when hospitals made a new commitment to defining and measuring the quality of service to patients. Industries had been using comprehensive measuring scales and tools for decades, but healthcare was behind the times --focused on clinical practice with little attention to the sensitivities of patients.

We learned from studies that two forms of quality are relevant to measuring the level of care in the hospital environment: technical based on the accuracy of diagnoses and procedures and functional based on the patient's perception of the manner in which healthcare is delivered. As a result of these studies, we started to see hospitals adopt the concept of service excellence centered on patients.

While working in the Intensive Care Unit of the Level 1 trauma hospital in Kentucky, I was approached to be on the internal public relations and customer service team. I spent the next year working with my team to create a new culture. We began by spending time in all departments of the hospital, breaking down barriers, and promoting teamwork. We set objectives and listened to employees' expectations. We focused on being friendly and courteous to our co-workers and the patients – our customers. We studied the right and wrong ways to approach a situation and emphasized going the extra mile to reach the best possible outcome.

Put Courtesy and Service First

As I look back now, 20 years later, we were attempting what I now know to be the culture of successful corporations. Two companies come to mind: The Ritz Carlton and Disney. I admire the Ritz Carlton's simply stated philosophy – “We are ladies

and gentlemen serving ladies and gentlemen.” For those of you who haven't read “Disney Ran Your Hospital” I recommend doing so. One of the author's many observations that ring true for me is, “Accountabilities drive structure, and structure drives culture.” This is all about creating a culture by putting courtesy and service first.

Patient satisfaction surveys show that these five behaviors have the highest impact on overall satisfaction and loyalty: (1) Initiative – Sense people's needs before they ask; (2) Teamwork – Help each other out; (3) Empathy – Acknowledge people's feelings; (4) Courtesy – Respect the dignity and privacy of everyone; (5) Communication – Explain what's happening. This may seem like a basic concept. You may be thinking, “Well, that's a given,” but it's not. We can lose sight of how to treat patients because our priority is to be productive and efficient.

Risk management, as we all know, is focused on patient safety. We look at ways to achieve clinical and process improvements. It's all about an effective systems approach to minimizing risk. This is basic and important. At the same time, there's a common struggle between courtesy and efficiency. As a rule, hospitals are judged primarily on their clinical outcomes, which help to determine clinical practices. However, this isn't always true for patients. They judge quality based on their perception of their personal experience. As we learn from Disney: “The engine for growth is customer perception, and the engine for efficiency is process improvement.” Both are very important in healthcare risk management.

Outcomes are delivered by teams. Impressions are delivered by individuals. Two different skill sets and two different approaches are required. In order to create a new culture, improving both outcomes and perceptions is vital to the success of a hospital or long-term care facility.

Disclosure and Apology

How does all this relate to “Sorry Works?” The answer:



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Good customer service is the link to successful disclosure and apology. The concept of “Sorry Works” has been around for at least 10 years. Earlier, many practitioners feared that offering an apology would only confirm a legal liability. Data now shows that an apology can help reduce liability. Some see “Sorry Works” as the middle ground solution to the medical malpractice crisis. One of the most recent success stories is in the Bronx, New York, where the Health and Hospital Corporation awarded grants for disclosure and patient safety programs. The project is focused on aggressive, rapid, and credible disclosure to reach a fast and fair settlement. Med mal cases are heard by a panel of judges with expertise in both medicine and negotiation skills. It’s an interesting program with good results.

Understanding the mindset of plaintiff’s attorneys helps explain why apology and disclosure are effective in reducing lawsuits. According to attorney David Patton, “We never sue the nice, contrite doctors. Their patients never call our offices. But the doctors who are poor communicators, arrogant, and abandon their patients get sued all the time. Their patients call our offices looking for answers.” The president of a state trial lawyers association said it all: “I would never introduce a doctor’s apology in court. It is my job to make a doctor look bad in front of a jury.



Here are some guidelines for making “Sorry” work:

- Create an Event Management Program for your facility and communicate it to all members of the staff from senior physicians/surgeons to orderlies. Establish procedures for investigating any event that may lead to a claim and for communicating honestly with patient and family.
- Don’t cover up suspected problems. Express sympathy where patients have been advised of risk and there is a poor outcome. Don’t be afraid to say, “I’m so sorry. I know this outcome is not what you expected. It’s not what I expected either.”

- Diffuse a patient’s anger whenever possible. Most lawsuits are because people are angry.
- In surgery cases, advise the patient of expected and possible unexpected complications.
- Reassure patients and families after an adverse event that it is being investigated to assure that it will not happen again.
- Script your apology in your head before meeting with patient and family. There’s nothing wrong with saying, “This is a known complication or a rare complication, and I’m sorry it happened to you.”
- Anticipate questions that may be asked.
- Say you’re sorry but don’t admit guilt until the investigation is completed. If you’re at fault, admit and apologize.

“Sorry” Cuts Lawsuits

New research shows that when physicians make mistakes, admitting the error, saying “I’m sorry” and offering compensation may go a long way toward preventing malpractice lawsuits. Researchers from the University of Michigan Health System, Brigham and Women’s Hospital in Boston, and colleagues analyzed records on 1,131

malpractice claims, or requests for compensation due to medical error between 1995 and 2007. After healthcare providers began admitting mistakes, apologizing and offering compensation, the monthly rate for new claims fell 36 percent. The average monthly rate of malpractice lawsuits filed against the hospital fell by more than half.

Sorry works but you have to work at it. Put yourself in the position of the patient and think about how you would react to a poor outcome. Experience shows that an apology demonstrates empathy, conveys respect, decreases anger, helps prevent antagonistic behavior, and lets the patient or resident know that you care.

