

3) Protecting Respect and Dignity for Hospitalized Patients

Beth Israel Deaconess Medical Center

Kenneth Sands, MD MPH, Chief Quality Officer; ksands@bidmc.harvard.edu

PROJECT DESCRIPTION

Consider the following actual scenario that occurred recently at our institution.

A 20 year old patient with a new spinal cord injury is quadriplegic and on a ventilator, unable to speak or move but otherwise awake and alert in the ICU. An ultrasound technician enters his room to do a procedure, but does not introduce herself or the reason for her visit to either the patient or his family. The patient's mother becomes very upset that the technician does not acknowledge the patient at all. The patient has a panic attack related to the procedure.

Would this event be recognized, categorized, and evaluated by most hospitals?

Over the last two decades, the patient safety movement has achieved enormous momentum towards the goal decreasing physical harm. The result is hospitals can now reference definitions, severity ranking systems, comparative data, and organized collaboratives to support improvement. However, there is nothing resembling this level of structure and organization in relation to emotional harm resulting from failure to provide respectful care to our patients and their loved ones.

The premise of this project was that failure to maintain a patient's respect and dignity represents harm, that these harms are common in hospitalized patients, and they deserve evaluation with the same level of rigor as physical harm... The project involved creating an infrastructure for monitoring violations of respect and dignity in the hospital setting.

Coordinating the work was a multidisciplinary team including representation from healthcare quality, social work, community relations, patient relations, hospital governance and hospital PFAC.

The following was achieved:

1. Defining Respect and Dignity: We defined dignity as: the intrinsic, unconditional value of all human beings that makes them worthy of respect. Respect was defined as: the sum of the actions we take to protect, preserve and enhance the dignity of our patients.
2. Capturing events: The institutional system for capturing adverse events was reconfigured by: a) creating a "respect and dignity" category in the incident reporting system alongside the more traditional categories such as "medication error"; b) screening patient complaints as well as reported adverse events for potential respect and dignity violations; c) promoting reporting through a number of different communication vehicles, such as committee meetings, leadership presentations, departmental meetings, printed pamphlets, and web-based communication.
3. Assessing Severity: We developed a severity scoring system based on whether the emotional impact could be anticipated to be minimal (memorable, but not long-lasting), moderate (significant and sustained); or severe (significant and likely permanent). Acknowledging the inherent subjectivity to this evaluation, we developed and validated a severity system that incorporates both patient and provider perspective.
4. Analysis, Reporting, and Corrective Action Development: Cases meeting defined severity criteria undergo root cause analysis, multidisciplinary review and corrective action, review and deliberation by senior leadership and Board of Directors, and finally public reporting on the institutional web site

OUTCOMES ACHIEVED

- We established a framework for evaluating emotional harm from violations to respect and dignity that fully integrates with existing systems for evaluating physical patient harm.
- We quantified the occurrence of violations of respect and dignity over several quarters, creating a new capability for understanding vulnerabilities and targeting corrective actions
- We have influenced institutional culture by:
 - o Advancing respect and dignity as a condition which, when violated, represents an adverse event.
 - o Increasing the voluntary reporting of violations of respect and dignity.
 - o Formalizing respect and dignity as a metric that is tracked by senior leaders and institutional governance.

LESSONS LEARNED

- Emotional harm due to violations of respect and dignity is as common among hospitalized patients as physical harm.
- Hospital systems that have been developed to promote patient safety can be adapted to help protect respect and dignity.
- Health care workers and hospital leaders readily engage in efforts to protect respect and dignity.