

Preventing Harm with “The Practice of Respect”

Introduction/Problem

Consider these real stories from BIDMC:

- A patient wearing her wedding ring is taken to surgery, but when she awakens post-operatively, the ring is missing and is never found.
- A transgender woman patient is addressed as “Mr.” at the reception desk. When she corrects the staff, she witnesses them giggle and roll their eyes.
- A Facebook post on our website reads...“Ok...I have surgery scheduled today and the paperwork says check in @ 5 am. I wake at 3:30 to make the 1 hr. drive from [far away] only to learn that no one can ever check in B4 6 a.m.?? The staff here states it is a *little trick* they do?? Hope my surgery doesn't have any little tricks or surprises!”

At BIDMC these events are now all considered to be preventable, severe, emotional harm.

Aim/Goal

For the past 2 years, BIDMC has been practicing a different approach by considering these experiences as examples of emotional harm from disrespect and applying the rigorous processes we have successfully used to prevent physical harms.

Our aim is to improve the patient experience by understanding the cases where we did not meet the standard expectations for our patients and then designing improvements to prevent these types of events from happening again.

The Team

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The Interventions

- We have continued to improve our processes for detection, categorizing, and analyzing events
- We have integrated the review of these cases into our QA/PI processes
- We held a “Respect and Dignity” convening with 30 key leaders from many organizations

Results/Progress to Date

PREVENTABLE HARM AT BIDMC				
	FY16			
	Q1 16	Q2 16	Q3 16	Q4 16
DIGNITY & RESPECT RELATED				
Disrespectful Communication (Severe)				
Language Related	0	0	0	0
Etiquette/ Rudeness	1	0	0	0
Failure to be Patient-Centered	0	0	0	0
Insensitivity	3	7	1	2
Uncoordinated Care	4	9	9	3
Prejudice or Discrimination that Affects Care	0	0	0	0
Minimization of Patient Concerns (incl. Pain Management)	6	5	1	1
Failure to Conduct or Incorporate Advance Care Planning	0	0	1	0
Adverse Event Related	0	0	0	0
Failure to Maintain an Environment that Preserves Dignity (Severe)				
Privacy Violation – Auditory/Information	0	0	1	0
Privacy Violation – Physical	0	0	0	0
Visitor Mismanagement	0	0	0	0
Prolonged unclean conditions – Environment	0	0	1	0
Prolonged unclean conditions – Personal	0	1	0	0
Failure to Provide Appropriate Care after Death (Severe)				
Body Mismanagement	1	0	0	0
Bereavement Related	0	0	0	0
Failure to Care for Personal Possessions (Severe)				
Other Disrespect Causing Harm to Dignity (Severe)	0	0	0	0
TOTAL	16	23	15	6
TOTAL R&D Events Reviewed	45	57	51	28
Percent Severe	36%	40%	29%	21%

Lessons Learned

- Emotional harm from disrespect is common, and the reliable practice of respect depends both on individuals and the system of care.
- Institutional management of emotional harms can fit seamlessly within existing patient safety operations.
- This work is also raising important conversations about other aspects of disrespect – particularly episodes of disrespect between staff, as well as disrespectful treatment of staff by patients or families.

Next Steps

- We are conducting a modified Delphi consensus-building process to identify the recommendations, strategies and tactics that will help other organizations engage in the practice of respect.
- We are also conducting a scoping literature review to learn how best to recognize and describe the disrespectful actions and their impacts that constitute these “non-physical” harm events.

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