

# Respect and Dignity: A Year's Experience Measuring Emotional Harm

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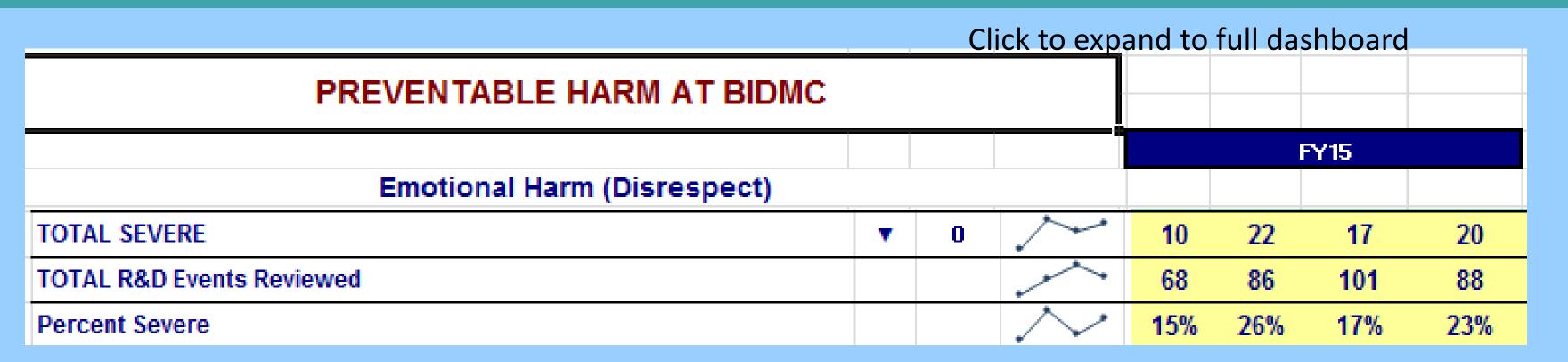




#### **ABSTRACT**

- While it is commonplace to track, measure, and attempt to prevent physical harm from medical care, it is rare to treat emotional harm suffered by patients with the same rigor.
- Beginning in October 2014, we analyzed emotional harms with a taxonomy developed by an interdisciplinary steering team, a severity scale that takes into account the patient and institution perspectives, and have trended outcomes on a dashboard that is available internally and publicly.
- Highlighting cases of emotional harm has taught us how to prospectively prevent harm, focusing on areas where we are finding frequent or severe harms to patients' dignity.

## **RESULTS**



- Data is reported by staff through RL6, and from patients via patient relations
- Flagged cases are reviewed weekly, and given a severity ranking from both the patient and the hospital's perspective, and categorized
- Severe cases follow the same process that preventable physical harm cases do, which includes review QI Directors, Chiefs, and the Patient Care Assessment Committee, as well as the R&D Steering Committee in the aggregate
- An R&D Action Team has been created to address the needs highlighted from these case reviews

# RESULTS (Continued)



### NEXT STEPS

- This work has helped to highlight the complexity of these issues, and while several
  corrective actions have been implemented to prevent emotional harm in the future, the
  R&D Action Team has found several areas of concern that cause multiple emotional
  harm events a year that are currently being addressed through larger ongoing initiatives
  including: post-death body/autopsy management, and the treatment of transgender
  patients.
- Further education is needed for staff to better understand the reason for reporting R&D events, and the process that they follow once reported. We also want staff to understand how we handle staff disrespecting staff, and patients disrespecting staff, all of which we hope to be part of this concept in the future
- Branding and messaging will be important in getting buy-in, so we plan to create a logo and concept this coming year.

# Preventable Emotional Harm – FY2015 Full Dashboard with Expanded Categories

DIGNITY & RESPECT RELATED							
Disrespectful Communication (Severe)	•						
Language Related [Total Reviewed: 1]	•	0		0	0	1	0
Etiquette/ Rudeness [Total Reviewed: 10]	•	0		0	3	5	0
Failure to be Patient-Centered	•	0	/	5	8	<b>←</b>	
Insensitivity [Total Reviewed: 17]	•	-0-	/			0	5
Uncoordinated Care [Total Reviewed: 21]	•	0				3	6
Prejudice or Discrimination that Affects Care [Total Rwd: 3]	•	0		0	1	0	0
Minimization of Patient Concerns (incl. Pain Management) [Total Reviewed: 6]	•	0	-	2	3	1	1
Failure to Conduct or Incorporate Advance Care Planning [Total Reviewed: 1]	•	0	• • • •	0	0	0	0
Adverse Event Related [Total Reviewed: 1]	•	0		1	0	1	0
Failure to Maintain an Environment that Preserves Dignity (Severe)							
Privacy Violation – Auditory/Information [Total Reviewed: 10]	•	0		1	2	3	2
Privacy Violation – Physical [Total Reviewed: 5]	•	0	<i></i>	0	1	1	1
Visitor Mismanagement [Total Reviewed: 0]	•	0	• • • •	0	0	0	0
Prolonged unclean conditions – Environment [Total Reviewed: 0]	•	0	\	1	0	0	0
Prolonged unclean conditions – Personal [Total Reviewed: 4]	•	0	~/	0	1	0	3
Failure to Provide Appropriate Care after Death (Severe)							
Body Mismanagement [Total Reviewed: 0]	•	0		0	1	2	0
Bereavement Related [Total Reviewed: 1]	•	0	• • • •	0	0	0	0
Failure to Care for Personal Possessions (Severe) [Total: 8]	•	0		0	2	0	2
Other Disrespect Causing Harm to Dignity (Severe)	•	0	• • • •	0	0	0	0
TOTAL SEVERE	•	0		10	22	17	20
TOTAL R&D Events Reviewed				68	86	101	88
Percent Severe			<b>✓</b> ✓	15%	26%	17%	23%

Revised

Communication

Categories

Number reviewed in most recent quarter