



Respect & Dignity: Measuring & Preventing Emotional Harm

Taj Qureshi, MPH; Lauge Sokol-Hessner, MD; Pat Folcarelli, RN, MA, PhD; Cheryle Totte, RN, MS

BACK TO KIOSK

Introduction/Problem

While it is common to track, measure, and attempt to prevent physical harm in health care, it is rare to dedicate efforts to analyze emotional harm from disrespect with the same intensity. In October 2014, BIDMC formed a multidisciplinary Respect & Dignity (R&D) workgroup to begin capturing and cataloguing preventable emotional harm experienced by patients and their families. Today, emotional harms continue to be reported by frontline staff in the RL Safety Reporting System by clicking on this icon:



Respect and Dignity

Emotional harm cases are also routinely flagged in the reporting system by Patient Safety and Patient Relations staff. Over the last several years, this body of work has expanded considerably and continues to expand as the Practice of Respect transforms our culture of safety.

Aim/Goal

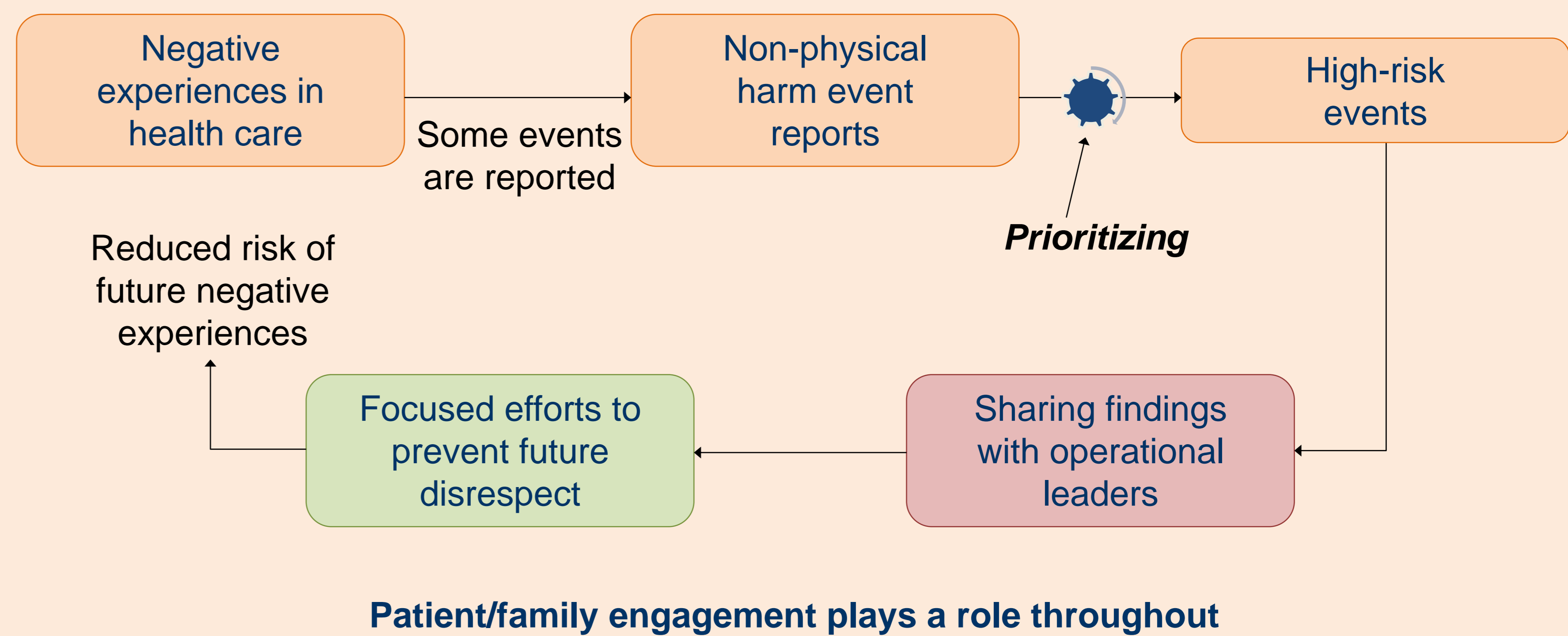
BIDMC is committed to reducing or eliminating emotional harm by focusing on respect and dignity for patients and their families.

The Teams

The R&D Touchdown Team includes Patient Safety and Patient Relations staff. The multidisciplinary R&D Action Team includes representatives from Social Work, Health Care Quality, Office of BIDMC Experience, Patient & Family Advisory Council, Interpreter Services, Hospital Medicine, Ambulatory Operations, and Patient Care Services.

The Interventions

- The R&D Touchdown Team meets weekly to assess cases
 - Cases are assigned a severity ranking that is reflective of both the hospital 's and patient's/family's perspective
 - Cases are captured on a quarterly dashboard to provide a high-level overview of preventable emotional harm
- The R&D Action Team meets monthly to openly discuss cases classified as severe
 - Focus of the meetings is on care processes, contributing factors, known consequences, promoting accountability, and development of/follow up on corrective actions
- Severe cases follow a similar process that preventable physical harm cases do, which includes root cause analyses and review at a series of quality and safety meetings



Event analysis for non-physical harm.

For more information, contact:

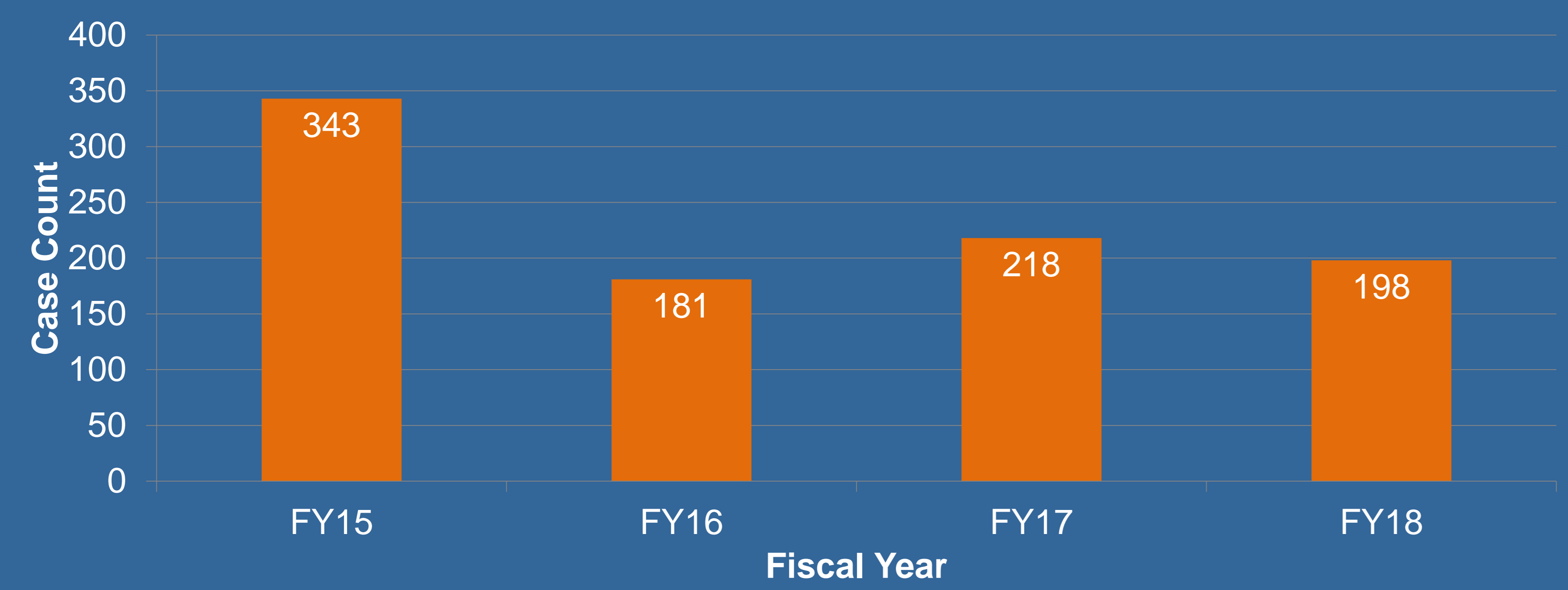
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Results/Progress to Date



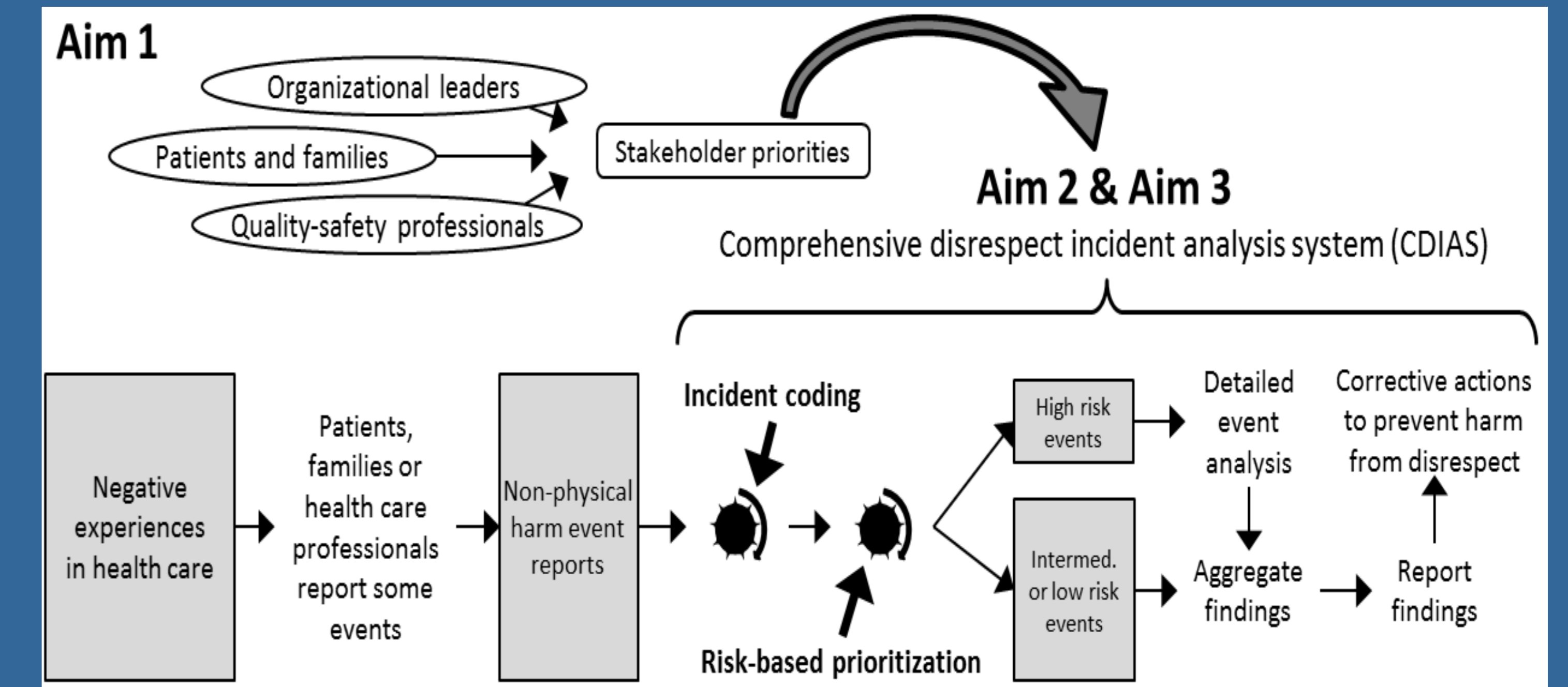
This bar graph depicts the total cases reviewed by the R&D Touchdown Team in the last four fiscal years.

[Click to expand to full dashboard](#)

	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18
Total Severe	15	17	12	14
Total Reviewed	67	40	45	46
Percent Severe	22%	43%	27%	30%

Preventable emotional harm events are tracked on a quarterly dashboard to be reported to the R&D workgroup and hospital leadership. FY18 data is displayed above.

A Center for HDS innovation project is also studying the perceptions and priorities of distinct groups regarding the reporting of disrespect events.



Lessons Learned

- Emotional harms are often associated with complex personal and systemic factors (e.g. provider behavior, lack of sufficient staff training/education, stressful work environment, health information technology issues, uncoordinated care, communication breakdowns)
- Summarizing the findings from the analysis of cases, and ensuring those are shared with the appropriate operational leaders so that information constructively informs their decision-making, can be challenging in our complex environment

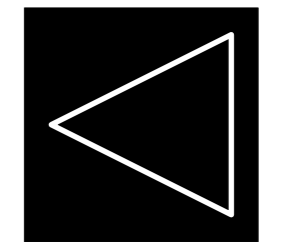
Next Steps

- Continue to explore the optimal methods for disseminating the learning from case reviews so as to most effectively drive improvements in the Practice of Respect
- Use data collected from the Center for HDS innovation project to inform an event analysis system that will help prevent these episodes

For more information, contact:

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RESPECT & DIGNITY: PREVENTABLE HARM AT BIDMC



	Q1 FY18	Q2 FY18	Q3 FY18	Q4 FY18
Disrespectful Communication (Severe)				
Language-Related	0	2	0	0
Etiquette/Rudeness	1	2	0	3
Failure to Be Patient-Centered	0	0	0	0
Insensitivity	5	5	4	5
Uncoordinated Care	6	4	7	4
Prejudice or Discrimination That Affects Care	0	0	0	0
Minimization of Patient Concerns (Including Pain Management)	1	2	1	0
Failure to Conduct or Incorporate Advance Care Planning	0	0	0	0
Adverse Event-Related	0	0	0	0
Failure to Maintain an Environment That Preserves Dignity (Severe)				
Privacy Violation – Auditory/Information	1	2	0	0
Privacy Violation – Physical	1	0	0	1
Visitor Mismanagement	0	0	0	0
Prolonged Unclean Conditions – Environment	0	0	0	0
Prolonged Unclean Conditions – Personal	0	0	0	0
Failure to Provide Appropriate Care After Death (Severe)				
Body Mismanagement	0	0	0	1
Bereavement-Related	0	0	0	0
Failure to Care for Personal Possessions (Severe)	0	0	0	0
Other Disrespect Causing Harm to Dignity (Severe)	0	0	0	0
TOTAL SEVERE	15	17	12	14
TOTAL REVIEWED	67	40	45	46
PERCENT SEVERE	22%	43%	27%	30%