Family Practice Forum

Malpractice Risk and Patient Relations

Paul A. Sommers, PhD
La Crosse, Wisconsin

Malpractice claims result from both real and perceived negligence. Three areas account for claims: (1) standard of care within a specialty, (2) legal obligations, and (3) patient relationships. Information from the risk-management service division of St. Paul Fire and Marine Insurance Company shows that about 1 in 100 hospitalized patients could legally bring a negligence action against their medical-care provider for failing to act, or for acting improperly. Yet, less than 10 percent of them do. Why? Often the answer lies with the type of relationship the patient has with his health care provider. The more positive the relationship, the less the malpractice risk.

The development of good relationships with patients occurs, not by chance, but by prospective planning, systematic training, and ongoing evaluation. Furthermore, all staff functioning as part of the service delivery team must become patient oriented, not just the physician. Considerations for approaching the human aspect of patient care is the topic of this paper.

Patient Relationships

The patient-physician relationship is interpersonal by design and predicated upon trust. Without trust, patient compliance becomes suspicious and anticipated results can be tenuous. Liability, by definition, refers to something that works to one's disadvantage. The less trust a patient has in

Requests for reprints should be addressed to Paul A. Sommers, Gundersen Clinic, Ltd., La Crosse, WI 54601.

the physician, the more liability becomes a factor. Reduction of such liability can be easily facilitated by providing patient-oriented services.

By placing oneself in the patient's shoes, it is possible to better understand what expectations are being placed on the medical and paramedical staff. Too often patients are routinely expected to follow rigorous directions and procedures that may be common sense to the physician, but are fuzzy, at best, to the lay person.

The entire medical community can benefit from timely examination and reasonable modification to improve less-than-favorable service. A review of procedures conducted at nurses' stations, appointment desks, and examination rooms, as well as within the administrative section of any organization, is needed if patient satisfaction is to be attained.

Physicians might well ask each patient to write out the questions for which they are seeking answers. This exercise would allow for a review of problems in sufficient detail before examining the patient to make sure that all concerns are properly addressed.

Medical services are too often designed around the physician's schedule with patients filling available slots. This priority must change. Consideration for such important concerns to patients as vacation schedules, distance from their home to the clinic, school hours of their children, available transportation, preference for male or female physicians, lodging accommodations, and coordinating more than one appointment on the same day should be accorded high priority by physicians. A helpful rule of thumb is to treat the patient as you would like to be treated.

Problem Prevention

An appropriate communication pattern must be initially established with new patients by the office staff and physician. Dialogue must set in motion a clear, meaningful relationship between patient and physician. Briefly outlining what will be taking place during the appointment allows the patient to prepare for what is to come. Training oneself to actively listen, with all attention focused on the individual patient at hand, is an essential interpersonal skill. Physicians should be willing to openly discuss differences with patients, while respecting the patient's views.

Complaints are inevitable. Each problem or issue between two or more individuals should be viewed from each person's perspective. Most disagreements can be resolved if time is taken to clearly identify all related aspects of the case from each point of view; then the proper action is initiated without accusing or holding anyone to blame.

Many forms of consumer participation are possible. For example, including consumers on health-care advisory boards, committees, or task forces is a common practice. In this way, as policies and procedures relating to the delivery of health services are adopted by an organization, consumers are involved through committee work. However, what typically happens in this form of consumer participation is that friends of the organization are often appointed, elected, or otherwise recruited. Such a process defeats the purpose of seeking unbiased consumer input to help objectively determine satisfaction. Effective consumer-participation efforts must go beyond such token involvement. If a physician wants accurate information about patient-care services, he must consistently appraise patient perceptions. He must compare patient satisfaction with the care provided.

Patient participation can be of value on at least two levels: (1) by improving care for individual patients by solving problems as they are identified, and (2) by aggregating individual patient information into group data and monitoring the overall satisfaction level with the service system. Patients are appreciative of opportunities to ask questions of the physician, to comment on appointment scheduling, and to reflect on their progress following treatment.

Although many problems are resolved during the office visit, some cases necessitate additional arrangements. In these instances, follow-up contact with the patient after the visit is important. Although brief and typically inexpensive, this contact affords an opportunity to monitor results of medical intervention, promotes a continuing linkage between patient and physician, and facilitates

examination of patient satisfaction.

The patient-physician difference of opinion concerning services received compared with what was expected can be called an index of satisfaction. To develop this index, it is necessary to continue thinking about services from the patient's point of view. What does the patient expect to hear when he calls or writes for an appointment? Is it possible to set up appointments that consider the patient's vacation schedule? Can the physician's hours be extended to accommodate patients who choose not to take off work? Can multiple department appointments be scheduled for different services on the same day?

Patient-Oriented Care and Follow-Up

Some standard services found in patient-oriented systems are availability and ease of securing appointments, personalized communications, effective evaluation and treatment planning, and individualized follow-up care. The referral system must encourage accessibility of appointments and be capable of handling each case, whether it be for a routine physical examination with one physician, or require multiple services and laboratory studies from four or five different specialists. For some patients, it may be advantageous to schedule all appointments on the same day with a staffing at the end to summarize the findings. Appointments should be available by telephone, letter, or in-person requests. Referrals should be encouraged from any source including patients themselves. It is helpful if prospective patients are provided informational literature describing a program or service. Such literature would let the patient know about available services and how to obtain them. This procedure can help to set the patient at ease about going to the physician, particularly one whom he has never met before.

Questions about fees, insurance, or related financial needs should be brought up as an appointment schedule is developed. Too often patients are given double talk by staff when the subject of cost is discussed, and many times patients are not aware of the financial impact until a bill is received. As patients are responsible for paying bills, they should know approximately how much the charges are going to be and how much their insurance will pay. If the patient has insurance, he or she may need guidance to help verify the extent of his coverage prior to clinic visits, as insurance policies vary.

Effective patient follow-up activity can take a variety of forms. The questions written out by the patient about problems to which he seeks answers from the physician should be answered at the end of the examination. Although this procedure is not a substitute for protocol information obtained during a comprehensive health examination, it provides insight into a patient's primary expectation of results. Additionally, the questions will serve as bench marks for future care consideration, and can be used to reflect satisfaction with services by determining whether appropriate answers and results were obtained.

If a patient is seen by more than one staff member throughout his or her evaluation, it is recommended that the primary physician summarize the findings. Every visit should be followed up with a letter, telephone call, or report to the patient. Such follow-up has proven to positively influence patients' feelings about their health care.

Telephone follow-up has proven especially valuable in cases where medications are being used, a patient is recovering from surgery, or time is needed to determine appropriateness of the treatment. Follow-up contact re-establishes a personal link between physician and patient long after the office visit. If the treatment plan is not working, changes can be made during a telephone conversation, or a return appointment can be set up. An alternative is to have the patient call the physician at specified intervals, or as the need should arise. This option gives the patient confidence that help is only a telephone call away. Some organizations provide toll-free or collect numbers, thus promoting this convenience.

When patients believe their needs are being met, they will remain undaunted in their support and trust for the case. Although the follow-up procedures that have been described are little more than common courtesy, they have been proven to influence positive patient attitudes and minimize malpractice risk.