Patient Relations Program

What Are the Risk Exposures?

A patient relations program provides the risk management professional with another source of information to assist in the identification of potential problems. The patient relations representative serves as a communication link for patients, family members, and healthcare personnel. When a problem arises, the patient relations representative is available to listen to the complaint and explain, resolve, or refer the problem to the appropriate source, such as the risk management professional. Dissatisfaction and unresolved anger often prompt patients to visit to a plaintiff attorney.

Another aspect of a sound patient relations program is understanding and accommodating the unique needs of the facility's market. A potential source of risk that could negatively impact patient satisfaction and affect financial risk exposure is an inability to effectively communicate with the healthcare community served by the organization. Insight into the regulations and standards promoting effective communication with low health literacy persons, limited English proficiency (LEP) persons, and vision-impaired and hearing-impaired persons are key considerations for effective communication.

When Is This a Risk Issue?

Program Coordination

In some organizations, department managers are responsible for patient relations in their own department. In this type of decentralized system, program coordination is assigned to one individual in a given department. This person is tasked with the responsibility of compiling data, communicating with the risk management professional, and reviewing applicable policies, procedures, and forms on an ongoing basis. One advantage to a decentralized program is the potential for early recognition and rapid response to complaints and concerns voiced by patients and family members. The major disadvantages for decentralized programs include the potential for inconsistent administration of the program and increased potential for communication breakdowns. The disadvantages are minimized if managers are provided with adequate training related to guest relations and specific written protocols for resolving complaints.

Requisite Components

The requisite components of a patient relations program are addressed in the CMS Conditions of Participation (CoPs) for hospitals. Note that while critical access hospitals are exempt from these requirements, most state laws governing hospital licensing will have specific provisions for a complaint and grievance resolution process.

Updated: February 2019

Significant Patient/Family Complaints

Complaints may be indicators of dissatisfaction with care and/or deteriorating relationships with caregivers. Whether written or verbal, complaints coupled with an adverse or unexpected outcome may result in litigation if ignored or if unsatisfactorily resolved.

Complaint Resolution

Taking a proactive approach to minor issues and concerns helps the healthcare professional to become sensitive to the stresses associated with sickness and hospitalization. Ongoing communication with patients and their families decreases the number and severity of complaints about the care a patient has received. Knowing that action has been taken generally enhances patients' and family members' opinions of the healthcare organization.

Sometimes a patient or family member will request a written apology. Such letters of apology must be crafted with care to avoid admissions of liability.

Another technique used to resolve questions or concerns about care is a "write-off" or adjustment of a bill for clinical services. Careful interdepartmental coordination is essential to ensure that billing is properly withheld, adjusted, documented, and managed.

CMS Conditions of Participation (CoPs)

The CMS CoPs for patient rights became effective in August 1999. Hospitals must meet these CoPs to continue to participate in the Medicare and Medicaid programs. Included in the CoPs are several requirements which are specifically associated with patient grievances. A patient grievance is defined as:

> A "**patient grievance**" is a formal or informal written or verbal complaint that is made to the hospital by a patient, or a patient's representative, regarding the patient's care (when the complaint is not resolved at the time of the complaint by the staff present), abuse or neglect, issues related to the hospital's compliance with the CMS Hospital Conditions of Participation (CoPs), or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR 489.[1]

When a "complaint" is not specifically defined in the CoP, some hospitals define a complaint as an issue that can be promptly addressed and resolved by a staff member.

Under the patient's rights provisions of the hospital CoPs:

- Hospitals must establish a process for prompt resolution of patient grievances.
- Hospitals must inform each patient whom to contact to file a grievance.
- Hospitals must notify each patient that he or she can direct any concerns to the state survey agency, regardless of whether he or she has first used the hospital's

grievance process, and require the hospital to provide the phone number and address for lodging a grievance with the state survey agency.

- The hospital's governing body is responsible for the effective operation of the grievance process and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee.
- The grievance process must include:
  - A mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the appropriate hospital committee or if the patient requests, to the appropriate Quality Improvement Organization/QIO (formally Peer Review Organization).
  - A clearly defined procedure for the submission of a patient's written or verbal grievance to the hospital.
  - Specified time frames for review of the grievance and the provision of the response.
- The hospital must provide the patient with written notice of its decision, which includes:
  - The name of the hospital contact person.
  - Steps taken on behalf of the patient to investigate the grievance.
  - The results of the grievance process.
  - The date the process was completed.[2]

Effective Communication

Common sense suggests that patients who understand their communications with healthcare providers or facility associates would be more satisfied and safer than those who do not. Common sense has been trumped by federal legislation, national standards for culturally and linguistically appropriate services in healthcare (known as CLAS standards of 2001, updated in 2013), and accreditation requirements, such as those from The Joint Commission (TJC). There are currently 15 National CLAS Standards, which are broken down into four categories: Principle Standard; Governance, Leadership and Workforce; Communication and Language Assistance; and Engagement, Continuous Improvement and Accountability. All 15 National CLAS Standards may be viewed on the Office of Minority Health website at: https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53.

Collectively, all of these mandates, guidelines, standards, and recommendations relate to improving information exchange with low health literacy populations, LEP populations, and those patients with vision or hearing impairments. They also place the responsibility for effective communications on the shoulders of the provider. The ultimate goal of these mandates, guidelines, standards, and recommendations is to enhance access to care for these populations and improve their healthcare outcomes. It stands to reason that achieving these goals will advance patient satisfaction as well.

Fundamentally, every hospital facility and independent practitioner that receives federal financial assistance (e.g., Medicaid, Medicare, Children's Health Insurance Program) "must take reasonable steps to ensure meaningful access to their programs and activities by LEP persons."[3]

Research has shown that when an exchange between a provider and patient is ineffective and/or in a language that patients cannot understand, the result is an increased risk of misdiagnosis, misunderstanding about the proper course of treatment, and patient noncompliance with medication and discharge instructions. Language barriers have been cited as an indicator of poor-quality care and poor patient satisfaction.[4] One case cited in a study reported in *The New England Journal of Medicine* involved the misinterpretation of a single word, resulting in delayed care and preventable quadriplegia for a patient with limited English proficiency.[5]

In another case, a family member served as an interpreter.[6] The patient was left with a lingering tumor that worsened because the patient's daughter withheld the oncologist's results of a post-operative CT scan.[7] The use of "ad hoc" interpreters, such as family members, friends, and untrained staff members, is strongly discouraged because of the risk for errors or omissions and the consequent adverse clinical outcomes.

National CLAS Standards
The Office of Minority Health has developed the National CLAS Standards. The purpose of the standards is summarized as follows:

> The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards) are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services.[8]

The sample ***Communication Aids for Patients with Vision, Hearing, Speech Impairments, or Limited English Proficiency Policy – SAMPLE*** is available in the Coverys Tool Chest.

Patient Satisfaction Surveys
Governmental agencies, accreditation bodies, managed care organizations, and purchasers of healthcare are becoming increasingly interested in provider quality as measured by outcome indicators. Outcome measurements can take on a number of forms, the most common being clinical or functional status of specific categories of patients, resources utilization or cost, and customer satisfaction. Not only are these data being collected, but they are also being released to the public as indicators of the quality of care.

Defining “quality” has not been an easy task. For a number of years, clinicians were reluctant to accept patient satisfaction data as anything more than a reflection of the quality of the facility’s dietary and housekeeping services. The importance of patient perceptions of the quality of care has been demonstrated by recent research. Studies have related patient satisfaction with better outcomes, increased customer loyalty, and decreased risk exposures, all of which benefits both patient and healthcare organizations.[9]

Because of its association with the CMS value-based purchasing initiative, the most familiar of hospital patient satisfaction surveys is the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). One of the three goals of HCAHPS is to measure patients’ perceptions of care to permit comparison of hospitals on matters that are important to the consumer of care at the patient level. The other two complementary goals involve financially incentivizing hospitals to improve quality and enhancing accountability through transparency in the public domain.

HCAHPS

HCAHPS was implemented by CMS in October 2006. The first public reporting of the results on the Hospital Compare website https://www.medicare.gov/hospitalcompare/search.html? commenced in 2008. Development of HCAHPS began in 2002 when CMS partnered with the Agency for Healthcare Research and Quality (AHRQ) to craft a survey instrument that would become a national standard for comparing the patient experience of care across hospitals on the local level, as well as on a regional and national basis. In December 2005, the Office of Management and Budget approved HCAHPS for national implementation for public reporting. Hospitals may administer HCAHPS themselves, if approved by CMS, or use a CMS-approved survey vendor. The survey is conducted by mail, telephone, mail with a telephone follow-up, or by an interactive voice recognition system. The target population is a random sample of adult patients with various medical conditions who are surveyed between 48 hours and six weeks following discharge. Facilities must survey their patients every month. HCAHPS results are posted four times per year on the Hospital Compare website. Additional information regarding the survey and the protocols for sampling, data collecting, coding, and data submission are available at https://www.hcahpsonline.org/. The HCAHPS survey is available in multiple languages (English, Spanish, Chinese, Russian, and Vietnamese) and should be appropriately administered in the patient’s native language when LEP is known or suspected.

With the enactment of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148), HCAHPS measures have been included in the calculations for value-based incentive payments beginning with discharges in October 2012.[10]

HCAHPS survey questions and results are reported and available at Hospital Compare for all participating hospitals, presented in the following format:

	Hospital A *Hometown, USA*	**Hospital B** *Hometown, USA*
Patients who reported that their nurses "Always" communicated well.	**45%**	**51%**
Patients who reported that their doctors "Always" communicated well.	**43%**	**49%**
Patients that reported that they "Always" received help as soon as they wanted.	**61%**	**58%**
Patients who reported that their pain was "Always" well controlled.	**68%**	**66%**
Patients who reported that staff "Always" explained about medicines before giving it to them.	**57%**	**46%**
Patients who reported that their room and bathroom was "Always" clean.	**62%**	**65%**
Patients who reported that the area around their room was "Always" quiet at night.	**44%**	**51%**
Patients at each hospital who reported that YES, they were given information about what to do during their recovery at home. [Discharge instructions]	**49%**	**59%**
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	**68%**	**62%**
Patients who reported that YES, they would definitely recommend the hospital.	**64%**	**68%**

While the results above for Hospital A and Hospital B are fictitious, imagine how valuable these data are to identify issues that could pose significant risk to the organization's reputation, market share, loss exposure, and patient safety. For example, knowing that communication issues continue to rank among the most significant root causes in adverse, sentinel, and serious reportable events, there appear to be opportunities for improvement at both facilities. Likewise, seeing that patients at both facilities were not completely satisfied with the quality of their discharge instructions, and because it has been shown that high-quality discharge practices can reduce the likelihood of hospital readmissions by 20-30 percent,[11] opportunities for improvement exist at both facilities.

Based on these illustrative scenarios, risk management professionals should be actively involved in reviewing, analyzing, and proactively investigating their HCAHPS data and designing robust risk reducing and quality improvement strategies to improve the results. Keep in mind that these HCAHPS data are public and may contribute to impacting reimbursement methodologies in the future.

Data Collection and Survey Design

CMS permits hospitals to add customized questions after the core HCAHPS inquiries. Hospitals may also administer their own patient satisfaction surveys in addition to the HCAHPS.

The facility may choose to augment HCAHPS or utilize a patient satisfaction instrument for other healthcare organizations in its system. Questions may be created to elicit information important to staff concerns, but the focus should remain on patient concerns. For example, a quality improvement team might have difficulty addressing “quality of nursing care,” but “timeliness of response to request for assistance” or “provided explanations and answered questions about care” are specific activities related to providing “quality care” which can be measured, analyzed, and improved. A good survey will capture the intended information, and the results will be both valid and reliable.

Surveys are most helpful if they permit comparison with other institutions. Without external comparison, the organization may have difficulty interpreting its own satisfaction scores, other than its own improvement over time. Is a score of 85 for “satisfaction with waiting time in the ED” good or bad? The score is meaningless until it is placed in the context of average satisfaction for a peer group of organizations with similar characteristics.

While there are a few different ways of distributing surveys (discussed in the recommendations that follow), telephone surveys yield immediate results and have a higher response rate; however, respondents may be reluctant to express negative opinions when they cannot maintain anonymity or if they believe they are talking directly to a representative of the healthcare organization conducting the survey.

Risk and Quality Management Use of Patient Satisfaction Data

Risk management professionals analyze patient satisfaction survey data looking for correlations between patient satisfaction and the number of claims or events in a specific department or nursing unit. Data may be broken down by age group, gender, length of stay, or any other category of interest, to determine whether there are significant differences in scores which might indicate a problem. For organizations with more sophisticated information management systems that permit linking medical record information with patient satisfaction data, the risk management professional can identify problems associated with individual providers, specific procedures, or certain payers. Data linkages allow the organization to identify levels of satisfaction with high-volume, high-risk, high-profit, and high-visibility procedures. With a close look at the numbers and a review of patient comments, issues can be prioritized for quality improvement action.

Measuring patient satisfaction is a tool in the performance improvement process, not an end in itself. Some facilities focus on ways to “adjust” the numbers based on patient socioeconomic status or education level, rather than focusing improvement efforts on patient perceptions of quality. HCAHPS results are already “risk-Adjusted.” The purpose of the healthcare is to provide safe and cost-effective care to patients, regardless of the patient’s expertise in judging the technical quality of care.

How Can I Reduce Risk?

Include Requisite Components of a Patient Relations Program	
Include requisites	• Include at least the following elements in a patient relations program, directed by a written policy and procedures: ○ The designation of a program manager or program coordinator. ○ Guidelines for informing patients of their rights and responsibilities in a manner the patient understands. ○ Procedures for informing patients, visitors, and family members about how to contact a patient relations representative in a manner they can understand. ○ A patient relations referral system and provision for documenting all patient contacts. ○ A mechanism for reviewing the results of patient satisfaction surveys and following up on negative comments. ○ A communications system between patient relations and the risk management professional. ○ Communication to the patient encouraging them to contact the patient relations representative to voice concerns and attempt resolution prior to contacting a state agency. ○ The appropriate language, dictated by state law or regulations and/or CMS, for providing the patient a phone number and address for lodging a grievance with the appropriate state agency, or for contacting the CMS-contracted Quality Improvement Organization (QIO) for assistance with an issue regarding quality or care or service provided by the facility. With respect to the state agency, the hospital must communicate that the

Include Requisite Components of a Patient Relations Program

	patient may make contact without first accessing or exhausting the facility's grievance process.[12] • Ensure that each employee in the organization is familiar with the patient relations program so that timely and appropriate referrals to the risk management professional can be made. • Ensure the risk management professional reviews the organization's policies related to patient grievances, patient complaints, and patient relations/satisfaction to ensure that they comply with the CMS CoPs or with state-specific requirements if the facility is a critical access hospital. • Analyze complaints and grievances to identify quality concerns and real and potential risk exposures. • Understand that an appeal process may be required by state law or regulation.
Sample Tool	• ***Patient Relations: Complaints, Grievances and Appeals Process – SAMPLE*** is available in the Healthcare Facility Tool Chest on the Risk Management Policyholder Resources Portal.

Report and Respond to Significant Patient and Family Complaints

Report complaints	• Ensure that all written complaints, significant verbal complaints, and complaints associated with an adverse reaction outcome are promptly reported to the risk management professional. • Use written policies and procedures to guide response to all complaints, particularly significant complaints with a potential for financial recovery. • Initiate an appropriate investigation and maintain communication with the patient and/or family members. • Involve the patient relations representative and coordinate with them. • Be sure to notify the professional liability insurance company of complaints with a threat of claim or lawsuit.

Report and Respond to Significant Patient and Family Complaints

- Ensure the risk management professional secures and maintains information and written reports related to the investigation of complaints in accordance with the risk/quality management plan.

Respond to complaints

- Focus on identifying and eliminating those elements of the healthcare process that trigger dissatisfaction or predispose the patient to sue.
- Gather as much information as possible in order to clearly define the problem or concern when negative feedback occurs or a complaint is received.
- Keep the patient or family member informed of progress towards a resolution of a complex concern by scheduling periodic updates.
- Advise the complainant when a final solution to the problem has been reached, even if the solution does not affect that patient.
- Craft any letters of apology with care in order to avoid admissions of liability.
- Have legal counsel and risk management review all apology letters.
- Consider getting input from the insurance company claims specialist.
- Ensure that a bill adjustment or "write-off" for clinical services, if used as a solution, is done with careful interdepartmental coordination to ensure that billing is properly withheld, adjusted, documented, and managed.

Sample Tool

- ***Patient Relations Communication Form – SAMPLE*** is available in the Healthcare Facility Tool Chest on the Risk Management Policyholder Resources Portal.

Employ Effective Communication Strategies

Employ strategies

- Ensure the risk management professional is familiar with the legal, regulatory, and accreditation requirements and recommendations for effective communication strategies and also knows how the facility is responding to them.

Employ Effective Communication Strategies

- Conduct a community needs assessment and use it as the foundation for the cultural competence and language assistance services plan.[13]
- Embrace and provide education on the principles of cultural competence, focusing on the outcomes of the community needs assessment.[14]
- Collect and maintain data on patients' race, ethnicity, and language preference.[15]
- Document and implement a plan for providing language assistance services for LEP persons at all times and at no charge to the patient.[16]
- Document and implement policies and procedures for ensuring interpreter and translator competence.[17]
- Implement a policy and procedures discouraging/limiting/prohibiting the use of "ad hoc" interpreters.[18, 19]
- Identify vital documents (and signs) and have them translated into the languages to accommodate your patient population.[20]
- Train staff members on how to interact with LEP patients, family members, and interpreters.[21]
- Implement a plan for notifying LEP patients regarding language assistance services.[22]
- Monitor the effectiveness of the plan and update it on a scheduled basis and as otherwise needed.
- Follow the four Communication and Language Assistance Standards from CLAS:
    - Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
    - Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
    - Ensure the competence of individuals providing language assistance, recognizing that the use of

Employ Effective Communication Strategies

untrained individuals and/or minors as interpreters should be avoided.

  - Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.[23]

- Utilize the myriad resources available to assist in implementing or enhancing a cultural competence and language service plan, including:
  - Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals, published by The Joint Commission in 2010, and available at: https://www.jointcommission.org/roadmap_for_hospitals/; this document includes valuable resources, such as:
    - Overview of laws, regulations, and standards.
    - Checklist for addressing and improving communication and cultural competence.
    - Hints for performing and responding to a community patient needs assessment.
    - Methods for addressing unique patient needs:
      - Interpreter and translator competency.
      - Evaluating printed materials for translation.
    - Staff training guidance.
  - Office of Inspector General – Guidance and Standard on Language Access Services: Medicare Providers, July 2010; this document provides assistance to facilities in:
    - Conducting a four-factor assessment using the mandatory CLAS standards to determine which language access services should be implemented.
    - Sharing benefits to providers (e.g., fewer complaints, fewer adverse events, and fewer medical errors).

Employ Effective Communication Strategies

Sample Tools	• ***Foreign Language Interpreter Service Guidelines – SAMPLE*** and • ***Hearing Impaired Interpreter Service Guidelines – SAMPLE*** are available in the Healthcare Facility Tool Chest on the Risk Management Policyholder Resources Portal.

Design Patient Satisfaction Surveys That Collect Important Data

Design survey	• Understand that hospitals may also administer their own patient satisfactions surveys in addition to the HCAHPS. • Ensure that the data that is collected from surveys is not just displayed, but put to use. • Have staff members or outside experts who have training in survey research methodology develop the questionnaire. • Ensure that the questionnaire is detailed enough to identify issues that can actually be addressed. • Make data categories specific enough to break down satisfaction scores by department, nursing unit, medical specialty, and shift. • Provide the survey results to all departments with direct (nursing, lab, dietary, therapy, radiology) and indirect (admitting, billing, medical records, housekeeping) patient care responsibility, and include these areas in process improvement activities.
Administer survey	• Consider using three popular methods when determining how the survey is to be administered: ○ Hand-out/hand-back, as the name implies, involves distributing the survey to the patient before the service is provided and collecting it immediately after. ○ Hand-out/mail-back surveys are distributed to the patient at the time of discharge. A return envelope is provided for the patient to return the completed survey within a specified period of time. In a minor variation on this method, a survey is mailed to the patient's home shortly after discharge.

Design Patient Satisfaction Surveys That Collect Important Data	
	o Telephone surveys.
Use data	• Consider breaking data down by age group, gender, length of stay, or any other category of interest to determine whether there are significant differences in scores which might indicate a problem.

References:

1. U.S. Department of Health & Human Services, Centers for Medicare and Medicaid Services (CMS), State Operations Manual – Appendix A – Survey Protocol, Regulations and Interpretive Guidelines for Hospitals, Rev. 183, 10/12/2018, Interpretive Guidelines for §482.13(a)(2).
2. Ibid, §482.13(a)(2) - (a)(2)(iii) and Interpretive Guidelines for §482.13(a)(2)(iii).
3. Executive Order 13166 of August 11, 2000, "Improving Access to Services for persons With Limited English Proficiency," Presidential Documents, *Federal Register,* Vol. 65, No. 159, Wednesday, August 16, 2000, https://www.justice.gov/sites/default/files/crt/legacy/2010/12/14/eolep.pdf, 12/10/2018.
4. J. Boswell, K. Miller and J. Joiner, "Words Will Never Hurt Me: The Risks in Treating a Linguistically Diverse Population," *Health Lawyers News*, Vol. 11, No. 10, October 2007, pp. 10-15.
5. Center for Medicare Advocacy, Inc., National Medicare Advocates Alliance, "Cultural Competence and Language Appropriateness in the Provision of Medicare Services and Notices," Issue Brief #12, October 2010, http://www.medicareadvocacy.org/old-site/Projects/AdvocatesAlliance/IssueBriefs/10_10.18.CulturalCompetence.pdf, 12/10/2018.
6. J. Boswell, K. Miller and J. Joiner.
7. Ibid.
8. U.S. Department of Health & Human Services, Office of Minority Health, "What Are the National CLAS Standards?" n.d. https://www.thinkculturalhealth.hhs.gov/clas/what-is-clas, 12/10/2018.
9. John Goodman and Dianne Ward, "Satisfied Patients Lower Risk and Improve the Bottom Line," PSQH e-Newsletter, March/April 2008, https://www.psqh.com/marapr08/satisfied.html, 12/10/2018.
10. Centers for Medicare and Medicaid Services (CMS), HCAHPS Fact Sheet, CMS, Baltimore, MD, November 2017, https://www.hcahpsonline.org/globalassets/hcahps/facts/hcahps_fact_sheet_november_2017.pdf, 12/10/2018.
11. David E. Williams, "Reducing Hospital Readmissions through Better Discharge Practices," MedCity News, June 8, 2011, https://medcitynews.com/2011/06/reducing-hospital-readmissions-through-better-discharge-practices/, 12/10/2018.
12. U.S Department of Health & Human Services, Centers for Medicare and Medicaid Services (CMS), *State Operations Manual – Appendix A – Survey Protocol, regulations and Interpretive Guidelines for Hospitals*.
13. J. Boswell, K. Miller and J. Joiner.
14. Center for Medicare Advocacy, Inc., National Medicare Advocates Alliances.
15. J. Boswell, K. Miller and J. Joiner.

16. Ibid.
17. Ibid.
18. Ibid.
19. Center for Medicare Advocacy, Inc., National Medicare Advocates Alliances.
20. J. Boswell, K. Miller and J. Joiner.
21. Center for Medicare Advocacy, Inc., National Medicare Advocates Alliances.
22. J. Boswell, K. Miller and J. Joiner.
23. U.S. Department of Health & Human Services, Office of Minority Health, “What Are the National CLAS Standards?”

Updated: February 2019