

Health Law Webinar

Navigating Challenging Patient Relationships

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Agenda

- Defining the Problem
- Prevention
- Management
- Mitigation and Response
- Hypotheticals
- Questions

What is a challenging patient relationship?

Examples

- NOT: Every patient who complains, is disappointed with the result of care, or is non-compliant
- Something more
 - Disruptive behavior in the care setting
 - Harassment (verbal, physical, online)
 - Refusal to leave (or return for no reason)
- Effect of the pandemic

Competing Duties

- Provide necessary and compassionate medical care to patients
- Create safe environment for other patients
- Create safe and stable environment for physicians, nurses, and other staff
- Compliance with state and federal law

Cost of Doing Nothing

- Patient care and safety
- Staff safety
- Reputational risk
- Licensing/regulatory/accreditation risk
- Legal risk

Prevention

Patient Experience

- When dealing with challenging patients or scenarios, how a patient feels about an interaction can be more important than the care itself
- Important to treat patients in every interaction with the value, compassion and respect they are entitled to
- Can be both a prevention and response strategy

Policies and Procedures

- Build compliance into the system
- Clear expectations for staff and professionals
- Lay out a process for handling common pain points (e.g., billing, communication)
- Patient relations/experience department and staff

Key Policies for Patient Relations

- Privacy
- Billing
- Scheduling and cancellations
- Accommodations and interpreters
- Mandated reporting
- Peer review/grievances

Staff Training

- New staff
- Ongoing training
- Document completion of training
- Key topics:
 - Policies and procedures
 - Customer service & Patient Bill of Rights
 - De-escalation

Patient Expectations

- Patient Bill of Rights
- Billing transparency
- Cancellation policies
- Communication guidelines (call backs)
- Behavior agreements?

Management

During the Interaction

- Health care is a people business
- Evaluate potential medical cause
- Rely on training, policies, procedures
- Engage larger care team and chain of command
- Appropriate use of security staff

After the Interaction

- Document, document, document
- Explore and engage other resources
- Communication with the patient

Mitigation and Response

Law Enforcement

- Required/mandatory reporting situations
- Police reports
 - When?
 - How?
- Restraining orders
- Confidentiality considerations

Conservatorship/Guardianship

- 72-hour holds
- Learn to recognize when this an appropriate next step
- Depends on state law, but typically the baseline requirement is that the person lacks the ability to meet their own needs

Ending the Patient Relationship

- When?
- How?
- Safe discharge
- Documentation
- Referrals to other providers

The Critical Review

- Social media or word of mouth
- Few good options
- Defamation

Litigation and BMP Complaints

- Board complaints
- Malpractice litigation
- AG Complaints
- Documentation

Maltreatment Determinations and Licensing Sanctions

- Action by state licensing agency
- Administrative appeal process with limited discovery
- Possible penalties
 - Loss of licensure,
 - Fines,
 - Additional government supervision, or
 - Other sanctions

Hypotheticals

Hypothetical #1

Current patient makes several telephone calls to the clinic cursing at staff and stating that he was injured during a procedure. Later that month, the provider receives a letter from the Board of Medical Practice about a complaint the provider believes was made by the same patient.

Hypothetical #2

A clinic patient posts several negative reviews online. The reviews are phrased in an unflattering way but are essentially accurate.

Hypothetical #2 – A Variation

A clinic patient posts several negative reviews online. The reviews are phrased in an unflattering way and include obviously, factually inaccurate information.

Hypothetical #3

An inpatient is demanding a treatment that the team agrees is not medically appropriate and could even be dangerous, while refusing to consent to the course recommended by the care team that would allow for a safe discharge.

Hypothetical #4

A hospital patient lacks capacity and her family members disagree about how to manage her ongoing care. The tension is so significant, staff fears there may be a physical altercation between family members.

Questions

Presenters



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