

Patient Privacy Practices and Customer Satisfaction:  
Integrating HIPAA into Day-to-Day Clinical Practice

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Bettina M. Ferraro  
Manager, HIPAA Compliance and Privacy Officer  
Saint Alphonsus Regional Medical Center  
Boise, ID



**Saint Alphonsus**

# GROUNDING



**Saint Alphonse**

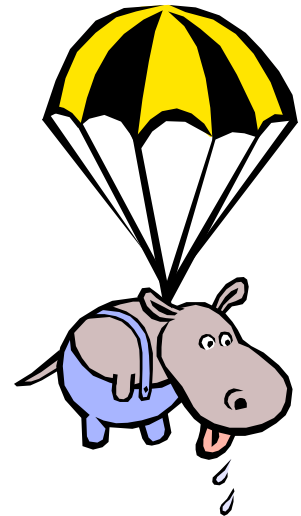
- Catholic Health Care Tradition – Saint Alphonse Regional Medical Center (SARMC) - Trinity Health – Fourth largest Catholic health care system in U.S.
- Mission – Serve in the spirit of the Gospel ... to heal body, mind, and spirit.
- Core Values – *Respect, Social Justice, Compassion, Care of the Poor and Underserved, Excellence*
- OIP Standards of Conduct: *“Supporting Right Relationships”*

# SBAR

- **S**ituation: Focus and support for Compliance P&P (exclusive of JCAHO and CMS) are the “Cinderella” to focus on clinical practice and standards.
- **B**ackground: 1) HIPAA Privacy and Security compliance (and some other regulatory activity) traditionally is viewed as an “imposition,” rather than as being integral to patient care. It is not perceived as critical to successful outcomes; standards of care, patient satisfaction. 2) Compliance/regulatory programs are an expense to an organization but are not revenue producing.
- **A**ssessment: A traditional approach to addressing compliance and regulatory behaviors – specifically, HIPAA privacy and security – may not be the most effective way to bring about compliance. This is especially true given that, currently, neither OCR nor CMS conducts HIPAA-related site visits (unlike JCAHO or CMS for Medicare/Medicaid).
- **R**ecommendations: A new way of approaching and articulating HIPAA in order to support the integration of privacy/security practices into day-to-day clinical practices.

# Objective

- Leverage “best practice” approach (e.g., performance indicators, NRC ratings) to facilitate integrating HIPAA privacy and security “best practices” into day-to-day clinical practice.



(Proposal)

# I. A Different “Take” on HIPAA



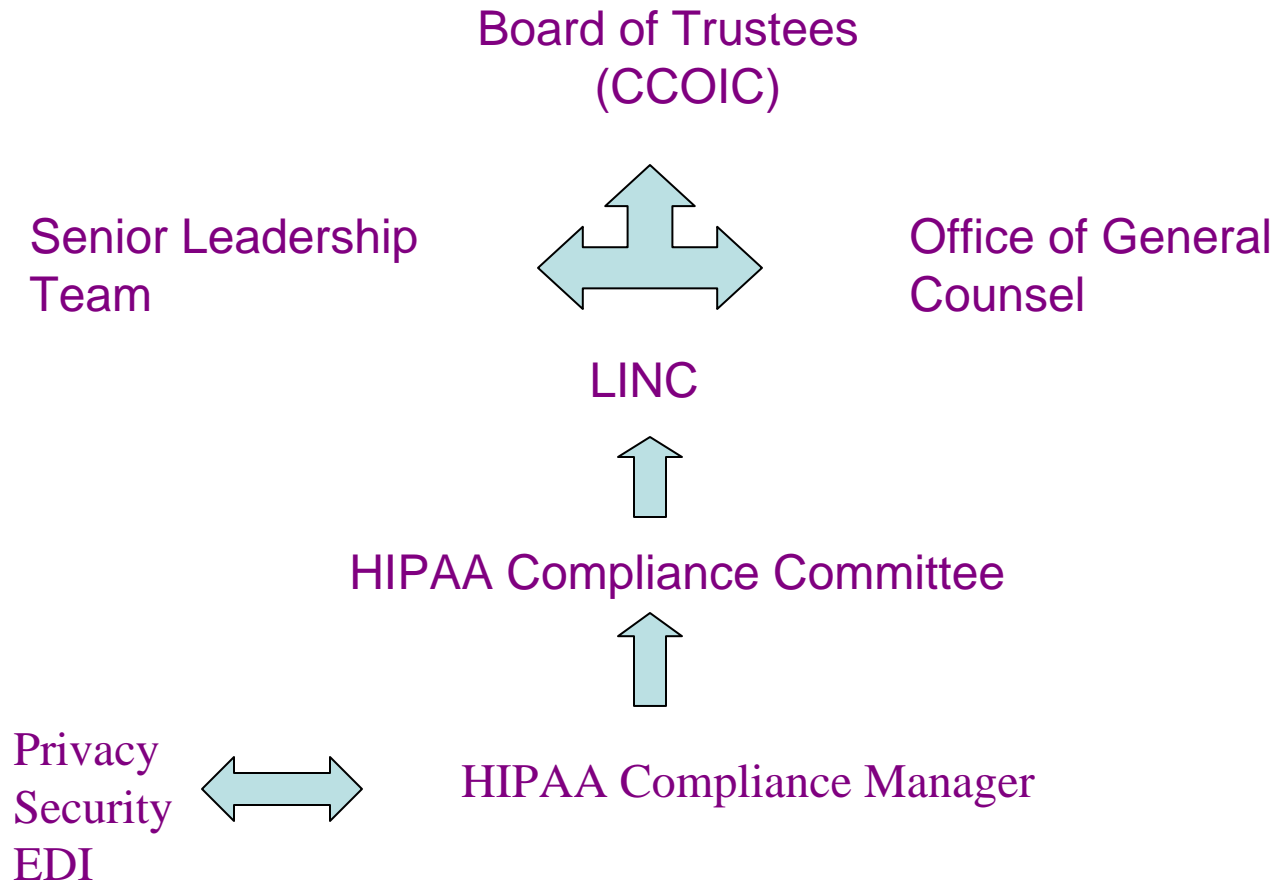
**Saint Alphonus**

# HIPAA Privacy Issues

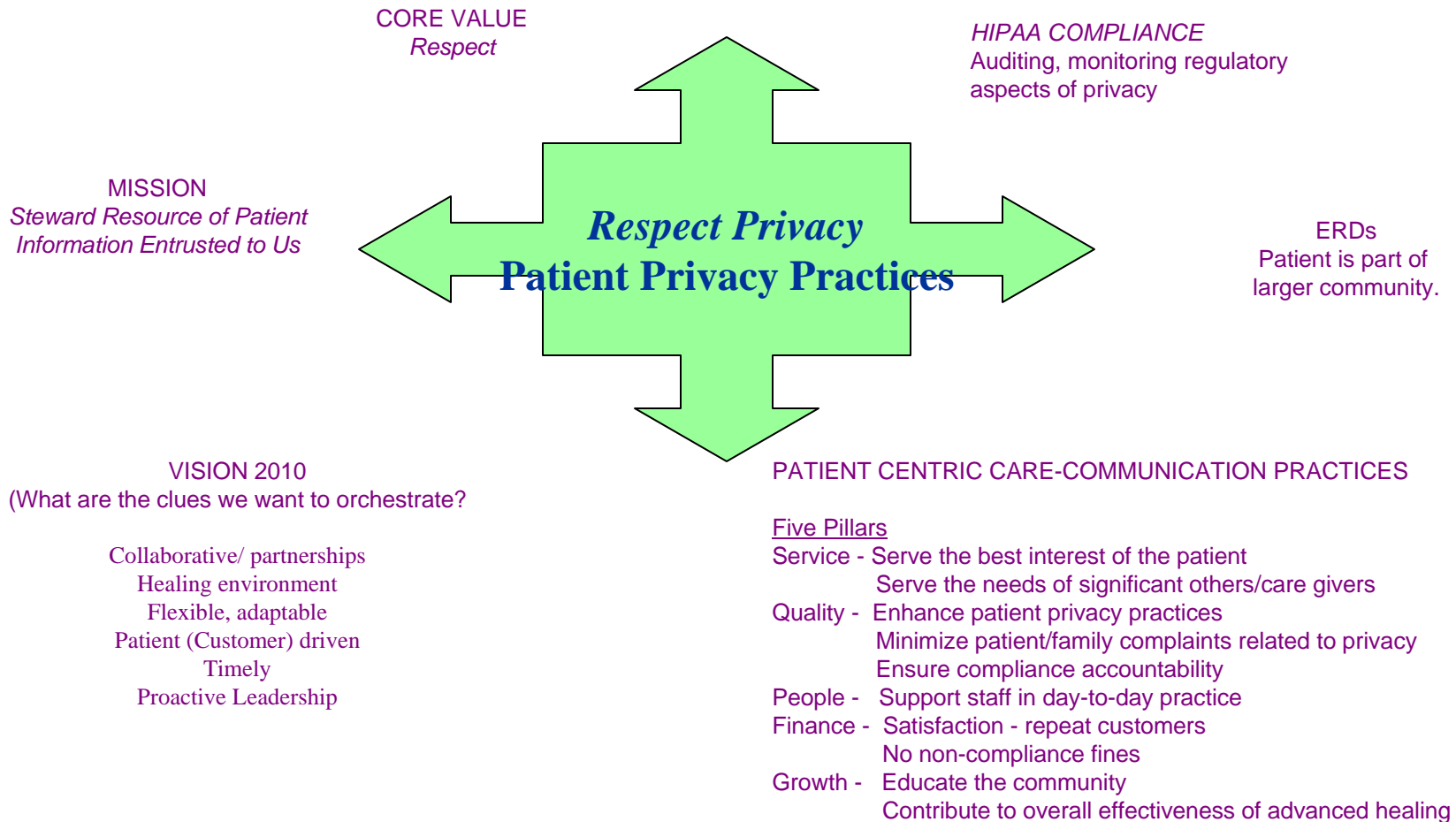
## The Dilemma

- Dilemma: Focus on Compliance Program Vs Focus on Clinical Services - Balancing compliance and a patient-centric vision
- Resolution: Re-articulate HIPAA as *Patient Privacy Practices*
- Goal: Motivate, Initiate, Implement, and Integrate “best practices” concept in *Patient Privacy*.

# HIPAA Compliance Accountability (Current Linear Model)



# Integrating Privacy Compliance into Patient-Centric Vision (Proposed Integrative Model)





# Re-visioning HIPAA Privacy

## (Some Key Concepts)

- Current View
- HIPAA compliance is grounded in Federal Regulation
- Compliance is obeying the regulations
- Patient is isolated individual
- HIPAA is the new Privacy rule

- Re-Vision
- Patient Privacy Practices are grounded in the Mission and Core Values
- Compliance is sensitivity to improving patient privacy practices
- Patient is part of a larger community
- This is not “new.” Organization is and always has been committed to patient privacy.
- *“Respecting Right Relationships”*: Patient Privacy Practices

# Re-visioning HIPAA Privacy

- Current View

- Norm is - “Tell no one” ('03)
- Driving force: The regulation

- Re-Vision

- Norm is appropriate and authorized sharing of information with those who support patients in order to effect healing of patient in mind, body and spirit
- Driving force: The regulation relative to the patient's personal and medical needs

# Re-visioning HIPAA Privacy

- Current View
- HIPAA is regulation overseen by a few who monitor staff for compliance
- HIPAA means more P&P we have to follow

- Re-Vision
- HIPAA provides a structure that serves as a resource to support all staff in improving awareness of and sensitivity to patient privacy
- HIPAA P&P serve as guidelines for initiating best practices in pt privacy

# Re-visioning HIPAA Privacy

- Current View
- HIPAA is yet another Federal regulation imposed on hospital staff

- Re-Vision
- Patient privacy practices are a complimentary structure that we can integrate harmoniously into our patient -centric PI initiatives

# Re-visioning HIPAA Privacy

- Current View
- Compliance (HIPAA) is not revenue producing, therefore we should allot only what's needed to keep us compliant and violation (fines) free.

- Re-Vision
- Development of best practices in patient privacy will contribute to patient satisfaction scores, set us apart from our competitors, and attract patients to our facility.

# Re-visioning HIPAA Privacy

- Current View
- Our focus needs to be on Vision 2010 and refining our patient centric culture. HIPAA is not relevant to these critical initiatives.

- Re-Vision
- Patient privacy is grounded in our mission to steward the resource of patient information and in our core value of respect. Both are fundamental to patient centric culture.

# Action Plan

- Optimize functionality of HCC, e.g., divide into teams w/ responsibility for overseeing various action items
- Provide formal, on-going education for HCC members throughout term of service

- Recruit Patient Privacy Advocates from each unit through Points program
- Develop Education Action Plan with complimentary monitoring plan.

# Action Plan

- Develop Re-visioning Action & Monitoring Plan annually
- Meet with key groups E.g., CC, CRM, Soc. Serv., Unit clerks, PCS, etc. on on-going basis
- Survey staff through Points (recognition) program
- Develop key words, key times, key behaviors-include role playing (Studer)
- Develop Patient Privacy “hint card” (SOP) or algorithm



# Action Plan

- In collaboration w/ unit staff, assist units in developing unit-specific “hint card”
  - Annually re-assess new employee orientation
  - Implement Patient Privacy Code initiative within context of patient-privacy and best practices initiatives
- Use point program to reward unit-wide initiatives in implementing patient privacy practices
  - Initiate Privacy Practices *Rounding for Outcomes*

# Action Plan

- Dove-tail with Patient Satisfaction efforts (e.g., 6 W communication board)
- Pilot: Use reporting & established staff meetings to review an example of privacy practice or area for improvement.

- Aim to have patient privacy best practices as presentation for Home Office best practices review - develop scores/outcomes formula as necessary.



# Action Plan

Tap into values of Saint Alphonus design philosophy: I.e.,

- support patient-centered culture
- protect patient privacy

facilitate patient and family connection to staff

- facilitate efficient and effective patient care
- encourage effective staff communication
- wisely steward the resources entrusted to us

## II. Clinical Practice Standards

Source:

- NRC
- Complaint Trends
- Competency Review
- ESL

Other Examples:

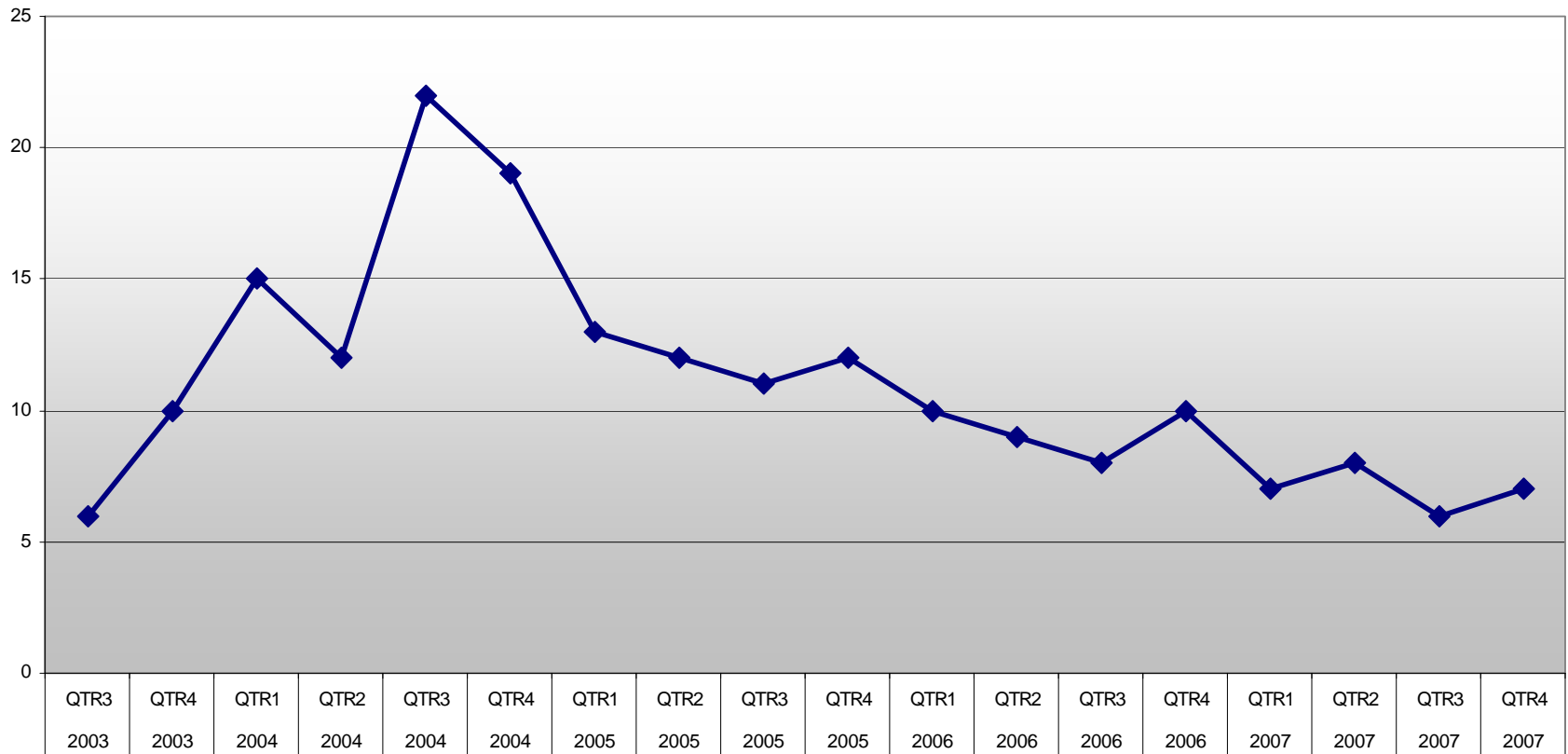
- Infection Control
- Shadowing

# NRC+PICKER<sup>SM</sup>

- “Even though I shared a room, I was very impressed with the privacy I had.”
- “Discussing patients (with their name and disease) in the main stairwell leading to cafeteria is inappropriate. I did not think Mrs. \_\_\_\_\_ would like everyone to hear about her ovarian cancer.”
- “... your staff refused to talk to me or my daughter, even though I’d been an ER patient that same day.”
- “We overheard the nurses discussing another patient in a poor manner.”

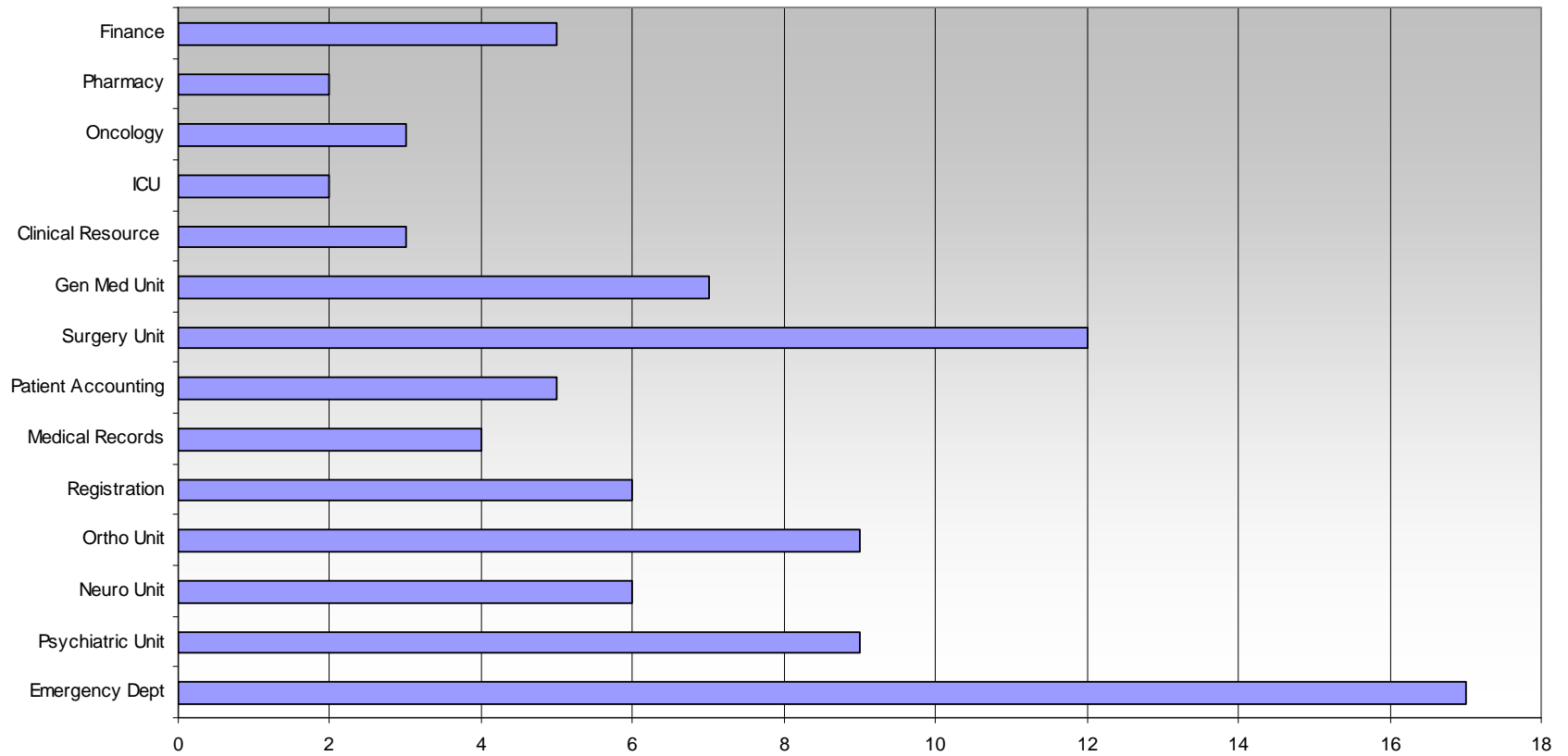
# Complaint Trends (Examples)

COMPLAINTS PER QUARTER



# Complaint Trends (Example)

COMPLAINTS



# Correlation

- Correlate Patient Satisfaction Scores with substantiated privacy breaches and see if there is an inverse relationship between satisfaction scores and complaints.
- Next step: If above hypothesis is correct, then track revenue increase against patient satisfaction scores and, therefore, revenue increase with improved patient privacy practices.



# Competency Review

- Customer Service Standards:

Respect

Responsiveness

Understanding

Environment of Care

Quality Score - Regulatory Compliance: *Maintains compliance with JCAHO standards as measured by the number of requirements for improvement from the most recent survey or Periodic Performance Review (PPR):*

# OIP Recognition Award

**CONGRATULATIONS to ...**

***Joyce Boston - Patient Registrar, Radiology***

***Recipient of the OIP Recognition Award for September***

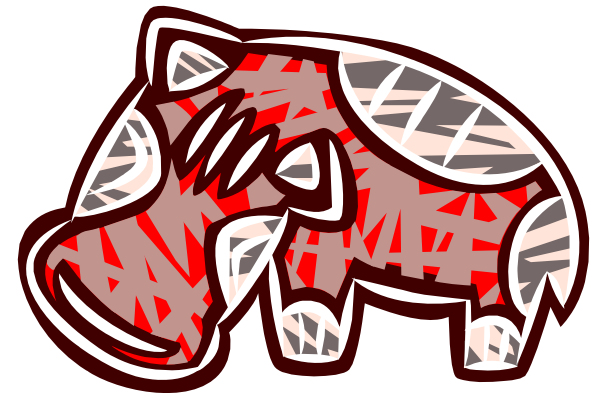
**The Organizational Integrity Program Award acknowledges staff or departments *whose behavior, vigilance, collaboration, example, and other behavior notably supports SARMC's compliance efforts and demonstrates the value of supporting right relationships.***

***Joyce recently handled a difficult request for patient information that required her to demonstrate the balancing act between patient privacy compliance and customer service. She also followed-up with her manager and other appropriate persons to help ensure a smoother process for the next "difficult" request.***

***THANKS! to Joyce for her commitment to integrating good patient privacy practices with customer service and her support of right relationships.***

# ESL Employees

- Cultural and language issues re: governmental and regulatory compliance
- Pre-workforce Training Initiative



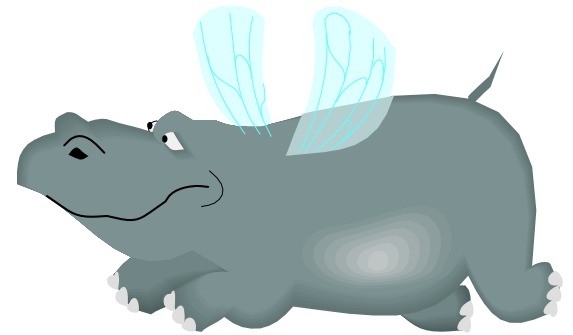
# III. Patient Centered Care

## Source:

- Pebble Project (Evidenced-based Design)
- *Through the Patient's Eyes*
- *I'm Sorry to Hear That....*

## Other:

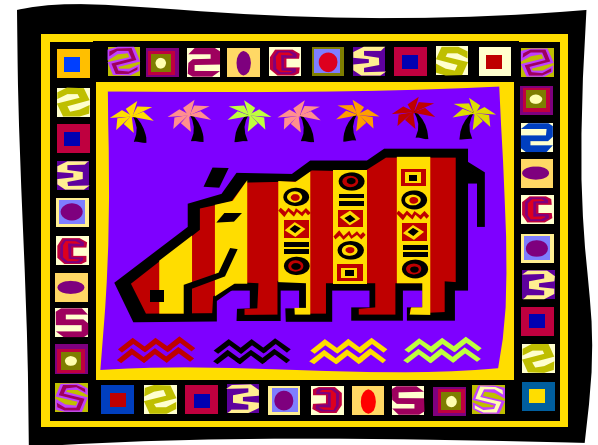
- VIPs
- Tours
- *The Monthly HIPPO*



# Pebble Project

## (Evidenced-based Design)

- Reduce noise or provide noise alleviation for patients
- Staff contact systems designed to reduce noise
- Reduce noise through finishes, quiet equipment, process change
- Off-stage corridors for patient/staff movement



# Pebble Project

## (Cont'd)

- Unit effort to make unit more quiet but no reference to HIPAA privacy
- Acoustical materials (ER)
- Partitions (BCC)
- Psychological effect (On-stage/Off-stage)

# Patient Centered Care

## *(The Monthly HIPPO)*

### **ACT:**

- ***Patient Privacy Practices in a Patient Centered Culture***
- Sandra Bruce, CEO and President of Saint Alphonus, shared the following reflections with managers at the January 26, 2007 Leadership Institute:
- Culture can be defined as characteristics that influence the work environment and the behavior of workers – it is a learned behavior.
- Culture has spoken and unspoken "unwritten rules." The unwritten rules can make or break a business.
- The culture at Saint Alphonus is a Patient Centered Culture; a culture that focuses on "the patient's experience of illness and health care and the systems that work, and fail to work, to meet the patients' needs as they define them.

***(Through the Patient's Eyes)***

# Cont'd.

- **At Saint Alphonsus:**
- Culture is a component of Vision 2010.
- Culture is living our mission fully.
- Our culture is based on our heritage.
- Culture is built by all associates at all levels.
- To move our culture, we must be:
  - **Accountable**
  - **Consistent**
  - **Trusting**



# *The Monthly HIPPO “Spin”*

- **Grant me Access:**
- *Do you understand what and how much patient information HIPAA privacy regulations permit to be shared and what information they restrict? Are you aware of our patients' right to: Access their records? Correct or amend their records? Request an accounting of their records? Request a restriction to their records? Request confidential communication?*
- **Respect me as an individual with individual values, preferences and needs:**
- *Do you ask the patient if they have requested any restrictions on the sharing of their patient information? If they are concerned about maintaining privacy, have you reviewed the advantages of the Patient Privacy Code with them? Do you have appropriate unit-specific procedures in place to handle situations where the patient needs a large family support system; where the patient's primary language is not English?*

# Cont'd

- **Provide me emotional support and relieve my fear and anxiety:**
- ***When approaching patients with confidential information, does your voice/attitude convey sensitivity to the potential that the information may be overheard? Do your comments or conversations in hallways or at the nurses' station; in elevators or the cafeteria; in stairways or waiting rooms ensure that patients and visitors feel confident that SARMC reverences and protects the sensitivity of patient health information?***
- **Involve my family and friends**
- ***Do you use the Patient Privacy Code resource on a consistent basis to ensure that those family members and friends that the patient wishes to be kept informed have access to appropriate patient information? If a patient asks to be a "no info" or "opt out" patient, do they really understand what that designation means in terms of contact with family and friends?***

- ***How does Saint Alphonsus integrate Patient Privacy Practices into our evolving Patient Centered Culture? How do we ACT?***
- **Accountable**
- \* **We create a working environment where we meet our obligations to observe good patient privacy practices;**
- \* **We provide each other with information and feedback on how we can improve our patient privacy practices;**
- \* **We admit our mistakes and hold ourselves – and each other - accountable for meeting our privacy obligations;**
- \* **We set individual and unit/department goals for achieving best practices in patient privacy;**
- \* **We clearly communicate our expectations and measurements for integrating patient privacy practices into our day-to-day routine;**
- \* **We take whatever appropriate action is necessary to remove barriers to integrating patient privacy practices into our day-to-day routines;**
- \* **We ask questions; we learn and are willing to change so that our patient privacy practices are the best.**
- **Consistent**
- \* **We understand basic patient privacy principles;**
- \* **We set achievable patient privacy goals;**
- \* **We apply the same standards for patient privacy, regardless of our role in the institution;**
- \* **Our patients, visitors and co-workers expect and experience reliable patient privacy practices.**
- **Trusting**
- \* **We are confident that, working together, we can meet our goals for best practices in patient privacy;**
- \* **Our words and deeds match – we just don't talk about patient privacy practices – we DO them.**

# Policy Reference

- *"Patient-related discussions should involve the patient when appropriate. If visitors are present, verify with the patient or family spokesperson if the visitors may remain or will be asked to step outside the room. Whenever possible, the discussion shall occur where other patients and visitors cannot hear the discussion, or reasonable precautions (lowering voice, closing privacy curtain, asking visitors to leave the room) are taken to minimize potential for the conversation to be overheard." (Item III. I from **Policy H-12: Patient Information Inquiries**)*

# “I’m Sorry to Hear That”

(Real life responses to Patients’ 101 Most Common Complaints about Health Care)

- I could hear everything about my roommate’s condition. Now that I know what’s wrong with her, I need to get out of here!
- I heard the doctors talking about me in the hallway.
- Why are you putting my Social Security number on this?
- What’s going on with my mom? No one is telling me anything?
- Medical information was given to my spouse without my permission.

# The Monthly HIPPO “Spin”

**I could hear everything about my roommate's condition. Now that I know what's wrong with her, I need to get out of here!**

While HIPAA does not address issues of contagious patients, it does address "incidental disclosure." Overhearing patient information in a semi-private room falls under incidental disclosure. HOWEVER, staff must make every effort to limit and control incidental disclosure by asking visitors to leave the room, pulling the privacy curtain, speaking in a low tone of voice, and asking the patient if it's okay to discuss their patient information with others present.

**I heard the doctors talking about me in the hallway.**

Hallway conversations CAN be incidental disclosure but they also can be a privacy breach. Every effort should be made to limit clinical discussions about patients in hallways, stairways, elevators, the cafeteria, waiting rooms or other public spaces. This includes companion phone conversations. Always use a private space to discuss patient information if at all possible.

# References

- *Through the Patient's Eyes: Understanding and Promoting Patient-Centered Care*, Editors: Gerteis, Edgeman-Levitan, Daley, Delbanco, 1993.
  - The Center for Health Design: Pebble Project – [www.healthdesign.org/research/pebble/](http://www.healthdesign.org/research/pebble/)
  - “I’m Sorry to Hear That...” by Susan Keane Baker, Leslie G. Banks, rL Solutions.
- 
- Acknowledgements: Jedd Smith, Black Belt
  - Mellodee Springer, ISO

# Discussion/Questions

Thank You!



**Saint Alphonsus**