Linking Patient Satisfaction and Malpractice Risk

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Won, lost, settled, or dropped — being sued by a patient is stressful for any doctor and costly for both the doctor and the associated hospital. A growing body of literature shows that the kind of comments that patients make about their doctors and the ratings patients give them in satisfaction surveys can help predict the risk of litigation, and now a new study suggests specific strategies to reduce that risk.
In May, a team of researchers—including the author of this article—at Rush University in Chicago and the University of Chicago published an article in the American Public Health Association’s journal *Medical Care* entitled, “The Use of Patient Satisfaction Surveys and Alternative Coding Procedures to Predict Malpractice Risk in Medical Care.”

We wanted to build on the growing body of knowledge about the link between patients’ concern about their doctors and the doctors’ risk of a lawsuit by looking at “solicited” evaluations (i.e., ratings on patient surveys) and bringing hierarchical linear modeling, a more advanced form of linear regression analysis, to this field of research. The literature about the link between patient evaluations of their doctors and the doctors’ risk of being involved in a suit is usually based on “unsolicited” comments (i.e., complaints that are initiated by the patient or family that come in by way of patient letters, emails, and telephone calls).

**Litigation and Communications**

Gerald Hickson, MD, Professor of Pediatrics and Associate Professor in the Department of Family and Health Systems at Vanderbilt University Medical Centre, has been a leader in this area of study. His studies have changed the way people think about the risk of litigation and how it can be controlled. Lawsuits do not happen completely at random—they are commonly associated with problems with doctor-patient communications (rather than clinical outcomes). Hickson has shown how some specialty areas are at higher risk of lawsuits, that a small group of doctors are disproportionately at higher risk of being sued, and how hospitals can develop strategies to work with doctors to reduce their risk.

Hickson has been a force in showing the importance of listening for patient comments as warning signs that a doctor is at risk of a lawsuit. However, for most hospitals, even those with large numbers of doctors, these “unsolicited” types of complaints are rather rare events. Most hospitals have been conducting fairly large-scale surveys of their patients for a number of years, and the advent of greater public accountability has only increased the amount of information.

These surveys generate “solicited” ratings and comments, those that would not necessarily have been received unless the hospital had sent a survey or called the patient.

Most patients give ratings on the high end of a satisfaction rating scale; there are generally very few responses at the lower end of any of the typical scales that are used. Our analysis was built on the shoulders of Hickson. Is it possible to use the more commonly received quantitative ratings of doctors to predict lawsuit risk? Rather than thinking about a mean rating that can mask low ratings, perhaps we should think about the rare events—a low rating on a scale. One of the first statistics you ever learn is the mean. It is great for understanding many things, but there are better types of statistical analyses to understand an unusual event.

**Low Ratings, Higher Risk**

We looked at the litigation history of a large, urban, academic medical centre and compared it with Press Ganey survey ratings of inpatients (the standard doctor questions) between 1998 and 2006. We compared three types of analysis of the relations between risk of a lawsuit and patient ratings of their doctors:

- An analysis of mean scores on the doctor questions;
- An analysis of “tertiles” (if the mean scores of the doctor ratings fell in the top, middle, or bottom third of the means); and
- An analysis of “minimum satisfaction” scores.

Calculating a “minimum satisfaction” score involved looking at all the ratings a doctor received for the standard Press Ganey questions on doctors and looking at the lowest rating the doctors had received on any question from all of their patients. This means that if a doctor had received a total of ten surveys (a total of fifty ratings) and the doctor had gotten ratings of “very good” from all patients on all questions but one rating of “very poor,” the doctor would be in a category of “very poor” since this was the minimum rating.

**Watch for Low Ratings**

*Distribution of Doctors by Lowest Satisfaction Rating and Lawsuit Experience*

<table>
<thead>
<tr>
<th>LOWEST SATISFACTION RATING</th>
<th>LAWSUIT FILED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Total</td>
<td>543</td>
</tr>
<tr>
<td>Very poor</td>
<td>162</td>
</tr>
<tr>
<td>Poor</td>
<td>96</td>
</tr>
<tr>
<td>Fair</td>
<td>126</td>
</tr>
<tr>
<td>Good</td>
<td>107</td>
</tr>
<tr>
<td>Very good</td>
<td>52</td>
</tr>
</tbody>
</table>

The table above is part of a more complex analysis, but it shows the salient point—knowing how patients rate their doctors based on the criteria of "minimum satisfaction," or the lowest satisfaction score they receive, can be helpful in predicting the risk for being named in a patient’s lawsuit. As the category of the doctors’ lowest satisfaction declined, the risk of their being in a lawsuit rose from 0 percent for the doctors with “very good” as their lowest score all the way to 19 percent for those with a “very poor” rating.

In other words, if a doctor even receives one rating of “very poor” from a single patient on just one of the five doctor questions, there was almost a 20 percent chance that the doctor was named in a lawsuit. Most doctors did not get sued, and having a single patient give a less-than-perfect evaluation does not perfectly predict a doctor’s risk. However, this approach can be another tool to help identify doctors at a higher risk so that you can provide feedback and guidance to help them reduce their risk. Because risk of a lawsuit rises over time and as doctors see more patients, our analysis controlled for those factors as well.

**Departmental Risk**

In addition to looking at an individual doctor’s risk of being involved in a lawsuit, our research also looked at how much of the risk was associated with the doctor’s main specialty group and the types of wards/departments they worked in. Both aspects contributed about equally to the risk. This suggests that successful programs to control risk must be targeted at the department, as well as the individual.

Other hospitals should consider trying to replicate the analysis here and see if what we found at one hospital holds for their hospital as well. It is an important opportunity to build a dialogue between departments that may have interests in common, especially the legal department and the area that conducts patient surveys, such as quality improvement.

By the time a miscommunication has occurred with a patient that ends up as a lawsuit, it is too late in many ways to fix things. Beginning to work “upstream” from the legal department and in concert with this department and others (doctor credentialing, medical education, etc.) is the way to actually reduce the number of lawsuits.

Our research suggests several other areas of improvement. Hospitals should require training on effective patient communication for doctors applying for admitting privileges and provide this training for all doctors who request it. Then, doctors whose feedback from unsolicited patient comments (calls, letters, emails) and solicited comments (patient surveys) suggests higher risk should be required to participate in communication improvement programs. Hospitals should also hold routine department-level training on the specific doctor-patient communication issues for departments at higher risk for lawsuits. This should involve all doctors, regardless of lawsuit history, within the department.
Other Resources for Learning about Risk

• The Center for Patient and Professional Advocacy at Vanderbilt University Medical Center.

The centre offers courses and services to assist doctor-patient communication and other services to reduce legal risk. Online, see mc.vanderbilt.edu/centers/cppa/index.html

• The Institute for Healthcare Communication offers courses, an extensive bibliography, and multimedia resources at healthcarecomm.org


• In addition, for clients of Press Ganey the “Solution Starter” documents have a number of suggestions for improving the doctor-patient relation and links to other sources of information.

• The Patient Experience Research Initiative at Rush University is an expanding online resource to keep track of the many uses and applications of patient feedback. Go to, rush.ed