The Value of Connecting Employee Engagement, Patient Experience & Malpractice Costs

Diane Moritz, BSN, JD, CPHRM
Director, Clinical Loss Control, Trinity Health

Patrick Kulesa, Ph.D.
Research Director, Willis Towers Watson

David Na, FCAS, MAAA
Director, Willis Towers Watson

Learning Objectives
This presentation will enable participants to:
• Coordinate study of employee engagement, patient satisfaction and malpractice data
• Apply analysis to mitigate malpractice risk

Presentation Overview
• Disparate groups inside hospitals track and report relevant operational data:
  − Employee engagement & physician burnout
  − Patient satisfaction
  − Safety incidents
  − Quality of care
  − Malpractice claims and costs
• Advantages from analyzing these data sources together are often missed because groups do not coordinate to study the data collectively
• Given the significant emphasis now placed on integrating systems, driving efficiencies, and unifying efforts in healthcare organizations, data integration and analysis provide a unique vehicle to uncover ROI and help drive growth
• In this presentation, we summarize examples from three hospital systems exploring linkages with malpractice metrics and their implications

What Story Does the Data Truly Tell You?

Specifying the Model: Predictions Tested
How might malpractice information link with other measures?
− Higher malpractice claim rates/costs should be associated with lower patient satisfaction – units with less satisfied patients have higher claim rates/costs
− More patient satisfaction should be associated with higher employee engagement
− Higher employee engagement, less physician burnout may directly link with lower claim rates/costs
Linkages Examined in Three Healthcare Systems

Overview of case examples:
– Data obtained from three large healthcare systems:
  • Dozens of hospitals per system (114 in total included in research)
  • More than 100,000 employees per system
  • Including faith-based institutions, national & regional systems
– At the hospital level, each unit provides aggregate scores on:
  • Employee engagement
  • Physician engagement & physician burnout
  • Patient satisfaction (overall and specific dimensions of experience)
  • Medical malpractice claims (frequency & severity)

What Do We Mean by Employee Engagement?

Sustainable Engagement
Am I motivated, enabled and energized to deliver my best performance?

Engagement
Commitment
Am I rationally and emotionally connected and motivated to invest discretionary effort?

Satisfaction
Am I happy here?
Do I intend to stay here?

Organizations that achieve high levels on all three realize:
41% lower retention risk
6.5 fewer days lost
3X higher operating margin

Summary of Results: Claim Rates & Opinions

<table>
<thead>
<tr>
<th>Case Example</th>
<th>Medical Malpractice Frequency</th>
<th>Significant Correlations with Malpractice Frequency</th>
</tr>
</thead>
</table>
| 1. Based on 26 hospitals | Claims > $0 per 100 exposures: 3-year rate | Courtesy from Nurses (.54)
  Pain Management (.53)
  Overall Rating of Hospital (.52)
  Cleanliness & Quietness (.51)
  Nurse Communication (.51)
  Recommend Hospital (.40) |
| 2. Based on 39 hospitals | Claims > $0 per 100 exposures: 3-year rate | Quietness (.43)
  Staff Explained Medicine (.38)
  Doctor Communication (.35) |
| 3. Based on 49 hospitals | Claims > $15,000 per 100 exposures: 3-year rate | Employee Engagement (.45)
  Overall Rating of Hospital (.39)
  Recommend Hospital (.34)
  Total Limit Occupied Bed Equivalent |
  Total Physician Burnout (-.35)

Claim Rates by Opinion Favorability

Example from Each Case Study – Gaps Show Lower Rates of Malpractice Claims in Units with Higher Patient Satisfaction or Employee Engagement

<table>
<thead>
<tr>
<th>Cleanliness &amp; Quietness</th>
<th>Quietness</th>
<th>Employee Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims per exposure*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.59</td>
<td>2.48</td>
<td>3.32</td>
</tr>
<tr>
<td>0.23</td>
<td>0.40</td>
<td>0.42</td>
</tr>
</tbody>
</table>

In each case, opinion measures correlate negatively and significantly with malpractice claim frequency – when opinions are more favorable, claim rates are lower.

Summary of Results: Patient & Employee Opinion

<table>
<thead>
<tr>
<th>Case Example</th>
<th>Employee Opinion</th>
<th>Significant Correlations with Employee Engagement</th>
</tr>
</thead>
</table>
| 1. Based on 26 hospitals | Employee Engagement | Overall Rating of Hospital (.69)
  Nurse Communication (.68)
  Cleanliness & Quietness (.67)
  Courtesy from Nurses (.54)
  Pain Management (.53)
  Recommend Hospital (.45) |
| 2. Based on 39 hospitals | Supporting Employee Health | Doctor Communication (.52)
  Staff Explained Medicine (.42)
  Quietness (.40) |
| 3. Based on 49 hospitals | Employee Engagement | Recommend Hospital (.48)
  Overall Rating of Hospital (.48) |

In each case, employee opinion correlates positively and significantly with all patient satisfaction measures – when employees are more engaged, patients are more satisfied.
What Story Does the Data Truly Tell You About Your Health Care Organization?

Trinity Health’s 22-State Diversified System

Locations with Immediate Needs & Locations Exhibiting Leading Practices

Employee Survey: Pearls of Wisdom

Overview of Physician Burnout

Maslach Burnout Inventory (MBI)

1 https://www.aafp.org/fpm/2015/0900/p42.html
Less favorable scores on Recommend to Other Physicians are associated with higher rates of claims per exposure and total limit loss cost, as evidenced by significant correlations that are negative.

Recommend to Other Physicians correlates significantly with two claims-related measures (3 year mean rates):
- Claims greater than $15,000 per 100 exposures
- Total limit loss cost

More favorable scores on All Physician Burnout are associated with lower rates of Total Limit Occupied Bed Equivalent.

More favorable scores on Emotional Exhaustion are associated with lower rates of Total Limit Occupied Bed Equivalent.

In general, lower (worse) emotional exhaustion scores trend with higher OBE’s, and higher (better) emotional exhaustion scores trend with lower OBE’s.

Do physicians practicing at facilities with higher exposures (OBE’s) have less camaraderie or social connectedness?

“No organization has unlimited resources, so we must deploy what we have in an intentional, purposeful way.”

— IHI President and CEO Derek Feeley shares his advice regarding the strategic use of the Quadruple Aim, November 2017.
Thank you!

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