

Patient Compliance: A Self-assessment Checklist

The following questions are designed to help enhance patient understanding of and adherence to treatment plans by strengthening communication, rapport and education. For additional risk control tools and information on a wide and growing range of topics, visit www.cna.com, www.hpsso.com and/or www.nso.com.

SELF-ASSESSMENT TOPIC	YES/NO	ACTION(S) NEEDED TO REDUCE RISKS
IMPROVING COMMUNICATION		
Are potential time constraints recognized at the outset of patient encounters, and are adjustments – such as double-appointment bookings and/or use of scribes – made to ensure sufficient interview time?		
Are questions posed in a constructive, problem-solving manner? For example, <i>“I see that you have not been completing your daily exercises. I wonder if they are causing you too much pain, or if there is some other reason?”</i>		
Do providers relate personally to patients, in order to build a stronger therapeutic partnership? For example, <i>“Tell me, what can I do differently to help you meet your personal health goals?”</i>		
Are providers trained in setting and adhering to the discussion agenda? For example, <i>“We are here to discuss your leg pain. The vascular studies show you have peripheral arterial disease, and I would like to talk about surgical options. Is that okay with you?”</i>		
Do patient encounters begin with a discussion of patients’ personal goals and issues, rather than a recap of laboratory or diagnostic workups? For example, <i>“First, tell me what concerns you most, and then we’ll discuss test results.”</i>		
ENCOURAGING COOPERATION AND PARTICIPATION		
Do providers explain to patients that they must take some responsibility for the outcome of their care or treatment? For example, <i>“We both want you to benefit from physical therapy, but I’m not sure you fully support our current approach. What do you think might be more effective?”</i>		
Do providers clearly and explicitly convey the severity of the problem and the risks of not properly carrying out instructions? For example, <i>“Your wound must be cleaned three times a day in the first week after surgery, in order to avoid hard-to-treat infections and permanent scarring. What questions do you have about dressing changes?”</i>		
Are underlying factors affecting compliance explored with patients in a nonjudgmental way? For example, <i>“It sounds as though you may be concerned about the medication’s possible side effects. Is that why you have not taken it as prescribed?”</i>		
Does each encounter end with the patient verbalizing at least one self-management goal in a clear and specific manner? For example, <i>“I will monitor blood glucose levels before meals and at bedtime between now and my next appointment.”</i>		
Are open-ended questions used to gauge patients’ potential resistance to change? For example, <i>“How do you think your life would be different if you stopped smoking?”</i>		
Are 10-point scales used to clarify patient priorities and/or barriers to compliance? For example, <i>“On a scale of one to 10, how important is it for you to resume normal activities without feeling back pain?”</i>		

SELF-ASSESSMENT TOPIC	YES/NO	ACTION(S) NEEDED TO REDUCE RISKS
ENCOURAGING COOPERATION AND PARTICIPATION (CONTINUED)		
Do providers strive to achieve a mutually acceptable plan of care with hesitant patients, using the following strategies, among others:		
<ul style="list-style-type: none"> ▪ Uncovering specific patient concerns, such as out-of-pocket costs? 		
<ul style="list-style-type: none"> ▪ Identifying practical or logistical difficulties that may hinder compliance, such as lack of reliable transportation to and from the healthcare facility? (See below for additional related strategies.) 		
<ul style="list-style-type: none"> ▪ Encouraging patients to get a second opinion, if desired? 		
Are written protocols in place for responding to difficult patients, including documentation procedures for the following situations:		
<ul style="list-style-type: none"> ▪ Repeated prescription refill requests of questionable nature? 		
<ul style="list-style-type: none"> ▪ Narcotic use and general pain management in drug-seeking patients? 		
<ul style="list-style-type: none"> ▪ Appointment or procedure cancellations? 		
<ul style="list-style-type: none"> ▪ Unacceptable behavior, such as belligerent voice-mail messages, yelling or cursing at staff? 		
<ul style="list-style-type: none"> ▪ After-hours patient calls? 		
<ul style="list-style-type: none"> ▪ Refusal to consent to recommended treatment? 		
<ul style="list-style-type: none"> ▪ Neglecting to take medications, do exercises or make necessary lifestyle changes? 		
<ul style="list-style-type: none"> ▪ Terminating the patient-provider relationship? 		
Are providers and staff trained to communicate with hostile, manipulative or uncooperative patients?		
ENHANCING PATIENT EDUCATION AND UNDERSTANDING		
Are barriers to communication – such as low health literacy, cognitive impairment or limited English – assessed and documented?		
Are qualified and credentialed interpreters available when necessary?		
Do providers use the “teach-back” technique to ensure understanding of proposed treatments, services and procedures – e.g., not only asking patients if they have any questions about their medications, but also requesting that they describe in their own words how to take them?		
Has the healthcare business or practice considered the benefits of hiring a health coach, health navigator and/or case manager? (See “Case Management: Six Principles to Enhance Care Delivery,” CNA Vantage Point®, 2013 – Issue 2.)		
Are patients asked to paraphrase in everyday words the medical information they have been given, including:		
<ul style="list-style-type: none"> ▪ Their diagnosis and health status? 		
<ul style="list-style-type: none"> ▪ The recommended treatment or procedure? 		
<ul style="list-style-type: none"> ▪ Risks and benefits of the recommended therapy? 		
<ul style="list-style-type: none"> ▪ Associated patient responsibilities? 		
Do providers ask patients at discharge time to repeat critical instructions, and are their responses noted in the patient healthcare information record?		

SELF-ASSESSMENT TOPIC	YES/NO	ACTION(S) NEEDED TO REDUCE RISKS
HELPING PATIENTS MANAGE LOGISTICS		
Do healthcare information records note whom patients can rely upon to help them meet their general healthcare needs (e.g., spouse, relatives, paid caregivers, friends, etc.)?		
Are patients asked whether they can get to appointments via automobile or public transportation, and are responses documented in the patient care record?		
If a patient lacks the physical or mental capacity to perform such essential tasks as changing dressings or picking up prescriptions, has a relative or friend been asked to assist, with the permission of the patient or legal guardian?		
ISSUING REMINDERS/MONITORING COMPLIANCE		
Are patients reminded of upcoming appointments, including referrals and laboratory visits, via telephone and/or email? Are these reminders documented in the patient healthcare information record?		
Are electronic alerts used to remind patients with a history of noncompliance about screening and monitoring requirements?		
Are blind or visually impaired patients informed of subscription services that use wireless devices to deliver reminders to take medications or perform vital self-care activities?		
Are follow-up and referral appointments scheduled and entered in the computer system before patients leave the facility?		
Does written policy require documentation of no-shows, as well as telephone follow-up within 24 hours?		
Is there a written policy for terminating the patient-provider relationship if the patient is chronically noncompliant and fails to respond to reminders and other messages?		



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