

Patient Safety 105: Communicating with Patients after Adverse Events

Summary Sheet

Lesson 1: The Importance of Communication when Things Go Wrong

- There are a number of reasons for not communicating when something bad happens:
 - A psychologically reactive need to preserve a sense of self
 - Fear of admitting responsibility for making an error that may have hurt someone
 - Fear of anger from the patient and/or someone in authority
 - Fear of loss of job or position
 - Threat of censure
 - Threat of medical malpractice claims
 - Fear of colleague disapproval
 - Fear of negative publicity
- Disclosure and communication should not be used interchangeably
 - **Disclosure:** The discussion of clinically significant facts between providers and/or other personnel and patients or their representatives about the occurrence of an adverse event that could reasonably be anticipated to result in harm in the foreseeable future.
 - **Communication:** This conveys “a sense of openness and reciprocity” and implies a continual dialogue.
- Communicating with a patient after an adverse event does not eliminate the risk of a lawsuit.
 - However, good communication has been shown to lower your risk of being sued.

Lesson 2: Responding to an Adverse Event: A Step-by-Step Approach

- The first action upon discovering an adverse event is *always* to take care of the patient’s physical needs.
- Take these four steps immediately after an adverse event:
 - Step 1: Care for the patient.
 - Step 2: Communicate with the patient.
 - Step 3: Report to appropriate parties.
 - Step 4: Check the medical record.
- Resist the impulse to fiddle with potentially malfunctioning equipment after an adverse event.
- When you initially communicate, **keep it simple, express empathy and compassion, and don’t place blame.**
- The physician who is responsible for the patient’s care is the best choice to have an initial conversation with the patient.
 - The physician is most familiar with the patient, the patient’s clinical condition, and future treatment options.

Lesson 3: The Impact of Adverse Events on Caregivers: The Second Victim

- According to research, physicians can feel “upset, guilty, self-critical, depressed, and scared” after an adverse event.
- Recent research has found that caregivers ask for the following support after an adverse event:
 - Early identification of suffering.

- Provision of ongoing emotional support from peers.
- Coordination of the institution's overall event response to include gossip control.
- Inviting second victims to become members of the event-related improvement team.
- Caregivers and organizations frequently, and incorrectly, assign all blame to the individuals involved in an adverse event – this is known as **“the fundamental attribution error.”**
- After the immediate response, a staff member in patient services, a social worker, or the hospital ombudsperson should head up the effort to support the patient and family.
 - How well an institution supports a patient after an adverse event has a strong effect on how the patient feels about the event.

Lesson 4: The Apology

- **Apologizing effectively is not something that comes naturally to most people; it is a skill to be learned and practiced.**
- Four components of an apology: Acknowledgment; Explanation; Expression of remorse, shame, and humility; and Reparation.
- Psychologist Aaron Lazare notes 10 healing mechanisms associated with an apology:
 1. Restoration of self-respect and dignity
 2. Feeling cared for
 3. Restoration of power
 4. Suffering in the offender
 5. Validation that the offense occurred
 6. Designation of fault
 7. Assurance of shared values
 8. Entering into a dialogue
 9. Reparations
 10. A promise for the future
- The physician providing the care is typically the best person to issue an apology.
 - However, in certain situations, other health care professionals may be more appropriate.

Lesson 5: To Communicate or Not To Communicate

- **No matter who delivers the news, honest communication with the patient is the best approach.** The way the incident is handled will influence the reaction of the patient and her family.
- Three guiding principles around communication with patients:
 - When an adverse event causes harm, or when a significant intervention is required to prevent harm, there must be communication with the patient and/or the family.
 - If the senior members of the care team feel that it's not in the patient's best interest to know about an adverse event immediately, then it may make sense to defer the communication or to communicate initially with just the family or a proxy representing the patient.
 - It is probably not necessary to communicate with a patient about a near miss that does not cause harm.

The IHI Open School provides online courses in improvement capability, patient safety, leadership, person- and family-centered care, triple aim for populations, and quality, cost, and value. These courses are free for students, residents, and professors of all health professions, and available by subscription to health professionals.