

# CONFERENCE ON PATIENT AND FAMILY EMPOWERMENT FOR BETTER PATIENT SAFETY

8-9 NOVEMBER 2016, BRUSSELS

Workshop 3: Patient and family  
involvement in aftermath of incidents

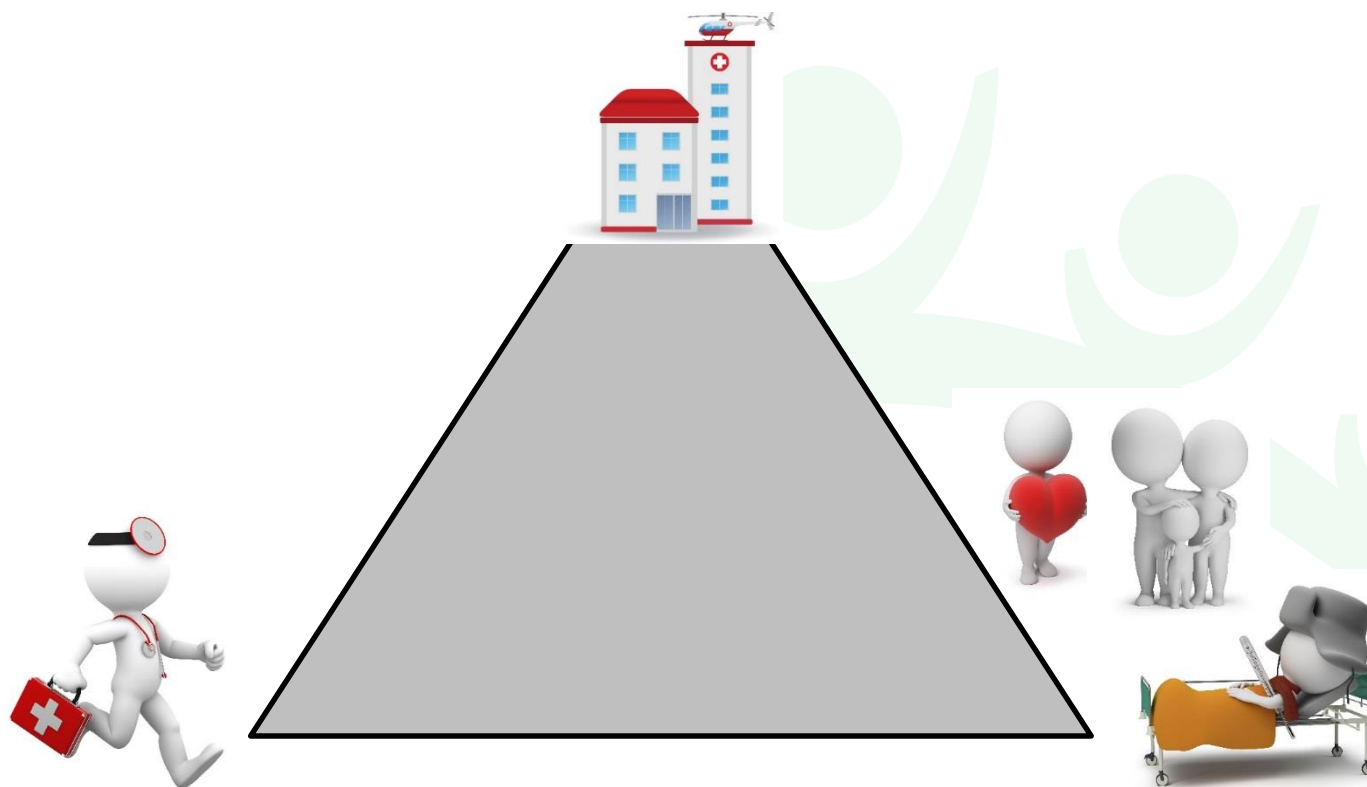
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“ A STRONG PATIENTS' VOICE TO  
DRIVE BETTER HEALTH IN EUROPE ”

- Opening
- Setting the framework of the topic; short film;
  - Severely burned toddler dies during recovery due to dehydration and a drug error the underlying cause is insufficient communication among the health care staff. Mother partners with the hospital and establishes a patient safety unit
- Determining the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> victims & the phases of the aftermath
- Personal brainstorming on
  1. implications for each type of victim
  2. which attitude(s) of the staff are essential in the acute phase of handling the AE, to make the patient feel safe and well cared for?
  3. types of activities following patient safety incidences in which patients and families can and should be involved in?
- Discussion in pairs for; buzzing
- Consensus on recommendations on question 2

# The victims involved in AE



# Key issues & implications

## 3 Key issues on implications for each type of victim

1 <sup>st</sup> victim	2 <sup>nd</sup> victim	3 <sup>rd</sup> victim
Trauma	Suffering	Reputation & cost
Grief, loss & pain	Personal litigation	Learning & improvement
Mistrust & anger	Peer pressure	Legal issues

3 recommendations on which attitude(s) of the staff are essential in the acute phase of handling the AE, to make the patient feel safe and well cared for?

- Empathy.
- Honesty & respect. (“Be real”, “Look me in the eyes”)
- Wise & grounded. (“A father of a deceased child needs an apology with all facts”, “A need of closure”).



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