WS 3:

PATIENT AND FAMILY INVOLVEMENT IN AFTERMATH OF INCIDENTS
THE VICTIMS

What are the implications of AEs?
DEFINITION 1ST VICTIM

A victim can been defined as

“A person harmed injured or killed as a result of crime, accident or other event or action”

Ref: https://en.oxforddictionaries.com/definition/victim

DEFINITION 2ND VICTIM

A second victim has been defined as

“a health care provider involved in an unanticipated adverse patient event, medical error and/or a patient related-injury who become victimized in the sense that the provider is traumatized by the event.”

After an adverse event use the Five A’s:

- Acknowledgment
- Apology
- All the Facts
- Assurance
- Appropriate Compensation

What do patients want after an adverse event?
PATIENT INVOLVEMENT INCIDENCES

What are the **barriers & benefits** of involving patients and families in the aftermath of a patient safety incidence for the:

- patient, family and friend(s)
- healthcare professional(s)
- health care organization
In *which kind of activities* following patient safety incidences can and should patients and families be involved in?
SAYING SORRY TO THE PATIENT

**Timeliness:**
The initial discussion with the patient and their family should occur *as soon as possible* after recognition that something has gone wrong.

**Explanation:**
Patients and their families should be provided with a *step-by-step explanation* of what happened, that considers their individual needs and is delivered openly.

**Information:**
Patients and their families should receive *clear, unambiguous information*. They should not receive conflicting information from different members of staff. The use of medical jargon and acronyms, which they may not understand, should be avoided.

**On-going support:**
Patients and their families should be given a *single point of contact* for any questions or requests they may have. They should also be provided with support in a manner appropriate to their needs. This involves consideration of special circumstances that can include a patient requiring additional support, such as an independent patient advocate or a translator.

**Confidentiality:**
Policies and procedures should give full consideration of, and *respect for privacy and confidentiality* for the patient, their family and staff.

**Continuity of care:**
Patients are entitled to expect that they will *continue to receive all usual treatment and continue to be treated with dignity, respect and compassion*. If a patient expresses a preference for their healthcare needs to be taken over by another team, the appropriate arrangements should be made for them to receive treatment elsewhere.
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