WS 3:

Patient and family involvement in aftermath of incidents

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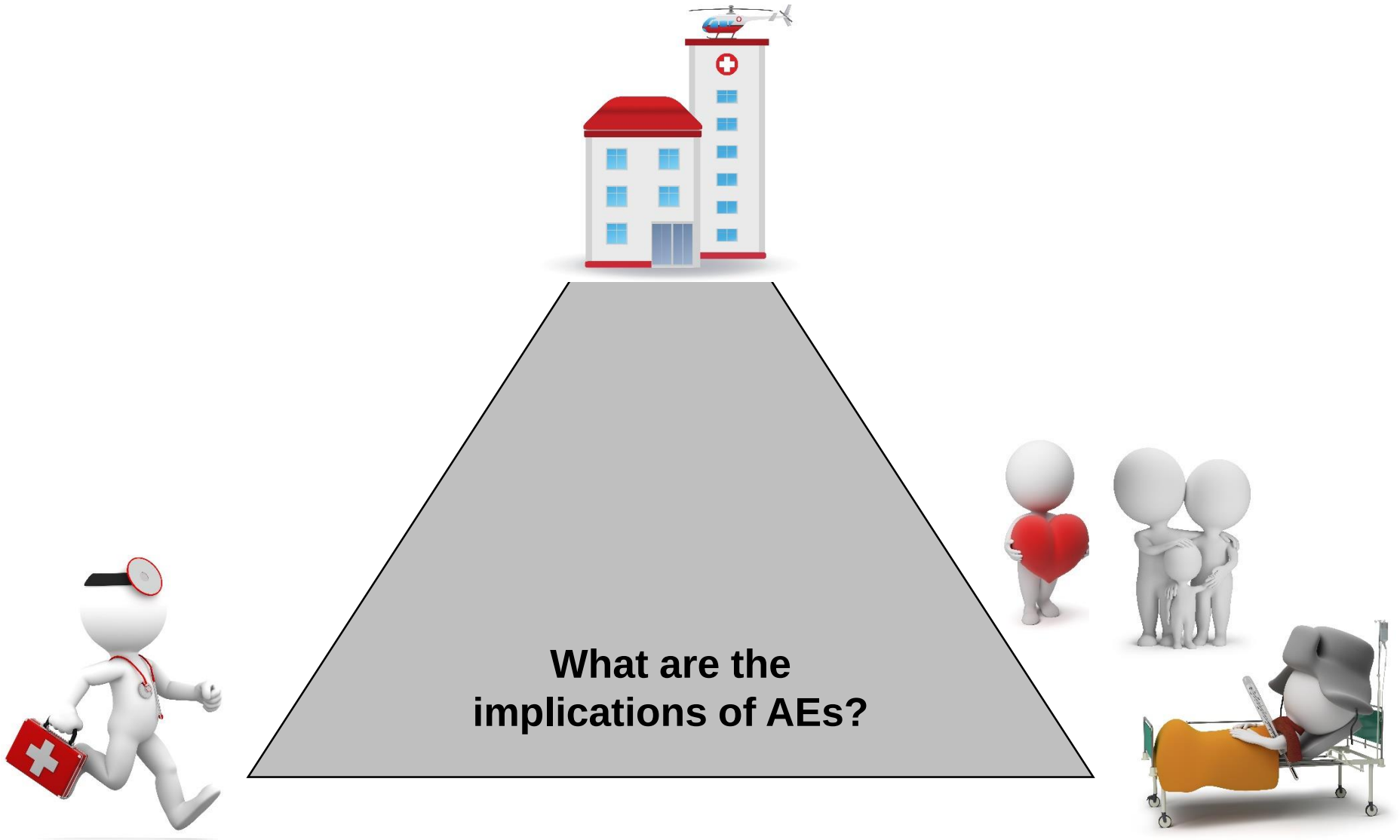
THE VICTIMS



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

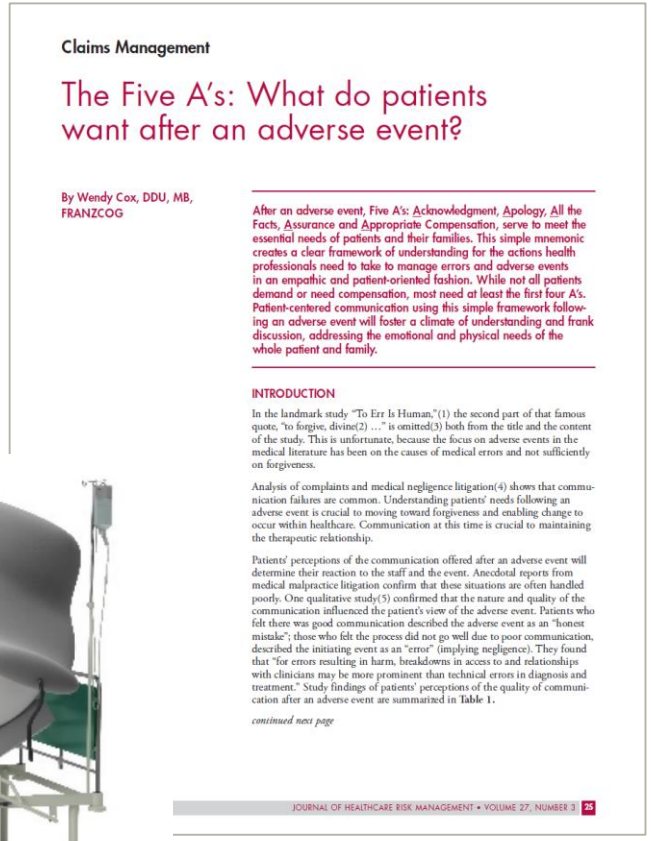
“a health care provider involved in an unanticipated adverse patient event, medical error and/or a patient related-injury who become victimized in the sense that the provider is traumatized by the event.

Ref: Scott SD, Hirschinger LE, Cox KR, McCoig M, Brandt J, Hall LW. The natural history of recovery for the healthcare provider "second victim" after adverse patient events. Qual Saf Health Care 2009 Oct;18(5):325-30.

1ST VICTIM

After an adverse event use the Five A's:

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



Claims Management

The Five A's: What do patients want after an adverse event?

By Wendy Cox, DDU, MB, FRANZCOG

After an adverse event, Five A's: Acknowledgment, Apology, All the Facts, Assurance and Appropriate Compensation, serve to meet the essential needs of patients and their families. This simple mnemonic creates a clear framework of understanding for the actions health professionals need to take to manage errors and adverse events in an empathic and patient-oriented fashion. While not all patients demand or need compensation, most need at least the first four A's. Patient-centered communication using this simple framework following an adverse event will foster a climate of understanding and frank discussion, addressing the emotional and physical needs of the whole patient and family.

INTRODUCTION

In the landmark study "To Err Is Human,"(1) the second part of that famous quote, "to forgive, divine(2) …" is omitted(3) both from the title and the content of the study. This is unfortunate, because the focus on adverse events in the medical literature has been on the causes of medical errors and not sufficiently on forgiveness.

Analysis of complaints and medical negligence litigation(4) shows that communication failures are common. Understanding patients' needs following an adverse event is crucial to moving toward forgiveness and enabling change to occur within healthcare. Communication at this time is crucial to maintaining the therapeutic relationship.

Patients' perceptions of the communication offered after an adverse event will determine their reaction to the staff and the event. Anecdotal reports from medical malpractice litigation confirm that these situations are often handled poorly. One qualitative study(5) confirmed that the nature and quality of the communication influenced the patient's view of the adverse event. Patients who felt there was good communication described the adverse event as an "honest mistake"; those who felt the process did not go well due to poor communication, described the initiating event as an "error" (implying negligence). They found that "for errors resulting in harm, breakdowns in access to and relationships with clinicians may be more prominent than technical errors in diagnosis and treatment." Study findings of patients' perceptions of the quality of communication after an adverse event are summarized in Table 1.

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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:

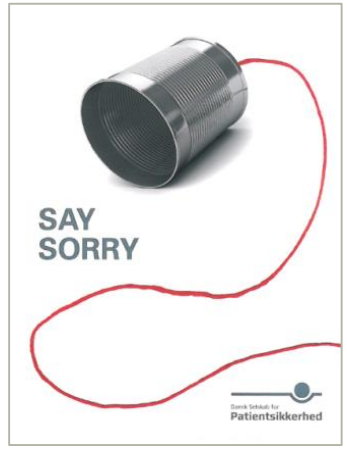
- patient, family and friend(s)
- healthcare professional(s)
- health care organization

PATIENT INVOLVEMENT INCIDENCES

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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