Approaching Challenges

Everyone has a role in Patient Safety

Early communication

- We didn’t respond right away. Instead, we waited for the patient/family to complain when we could have approached them first. I don’t think we ever recovered from this.

- Perhaps the most valuable part of rebuilding the relationship with the patient/family was having the investigation team include them as the first interview in the review.

Including healthcare providers involved

- Following our investigation, the patient’s view of what happened didn’t match with what the providers said and we couldn’t come to a resolution. What would have made a difference would have been to have the providers involved attend the meetings with the patient/family.

- Because the nurses were not present at the meetings with the patient/family to convey their own feelings about what had happened, the family thought that they didn’t care.

- We thought we were protecting the nurses by speaking on their behalf. When we spoke to them later, they told us how much they regretted not having the opportunity to tell the patient that they were sorry.

Managing emotions

- When one person is angry and the other is defensive, communication really stops. This often happens in these situations. We don’t help prepare our colleagues for this.

- When the patient is angry, our natural instinct is to become defensive. This only makes the situation worse. What we really need to do is to try and understand the perspective of the patient/family and display empathy. This takes preparation.

- We talk about a ‘Just and Trusting Culture’ but we really have to try and get there, especially so that people can feel confident in coming forward and not hiding. Providers and staff often feel they are risking their livelihoods, professions, credibility and reputations when they step forward. We need to make this as easy as possible.

The tips and comments presented are drawn from interviews with healthcare providers who participated in the evaluation of an integrated disclosure initiative which provided an opportunity to learn directly from people’s experiences with the disclosure process.
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Talking about privileged information

- By not being part of the Quality Assurance Committee review, I wasn’t exposed to the speculative discussions. I only knew about the agreed upon facts. It was comforting not to feel that I was withholding anything from the patient/family. I could tell them everything I knew. We now plan for this in deciding who will investigate and who will disclose.

- Patients often want to know how we’ve dealt with the providers involved. This isn’t something we can talk to them about. If the providers are present at the meetings with the patient/family, they can express remorse and say exactly what is being done to help them improve care in the future. Patients seem more satisfied by having those involved present. It demonstrates our culture – a focus on helping our providers improve rather than on disciplinary activities.