

# Best practices for interfacing with patients

## COMMUNICATION, APOLOGY AND RESOLUTION (CARE)

The CARE process should be based on transparency and respect, aiming to always “do the right thing.”

- 1. Approach communication with patients mindfully, understanding that grief and healing are on a different timeline for each individual.** The patient is not always ready when you think they are. A mindful approach should include reaching out to the patients at intervals, being patient with them, and acknowledging that anger and grief are normal human reactions to their situations.
- 2. Prioritize patient-centered principles.** Seek input from patients and the Patient and Family Advisory Council when developing and assessing policies and procedures. Refer to this [guide to including the patient voice](#).
- 3. Train providers in patient-centered transparent communication skills.** Empathic communication is a must, independent of whether there was an error or not. If the decision has been made that the standard of care was met or that there was no causation of harm, communicate clearly that the care was reasonable, while maintaining empathy for the injury. If it is determined that the standard of care was not met, communicate the mistakes and solutions to the patient clearly, and apologize sincerely.
- 4. Communicate with patients and families about adverse events in a timely manner.** Every minute that passes after an adverse outcome without acknowledging the event with empathy causes a deeper injury.
- 5. Listen to the patient.** Allow for silences, and for the patient to be able to express how they feel. Ask what questions they have. Be mindful that patient anger and grief are normal responses to adverse events.
- 6. Ensure that the patient’s medical, emotional, and logistical needs are met as much as possible.** Involve resources that can benefit the patient, including clinicians with whom the patient has a long-standing relationship, social workers, chaplains, etc. Ask patients about their immediate needs. This can include things like help with child care, arranging accommodations, writing requests for excusals from work, etc.
- 7. Seek input from patients about their experience when an adverse event occurs.** Patients may have perspectives that are not captured in the root cause analysis and their input is essential to repairing broken systems to better serve patients and families.
- 8. Share the relevant findings of the investigation with the patient, including the facility plans to prevent similar harms in the future.** Ask about their questions and expectations to help better address them.
- 9. Provide patients with resources to support them after adverse events.** Providing a specific liaison, like a patient relations staff member, to reach out to and be available for the patient at regular intervals (even months after the event) is critical. Connecting them with the [Patient and Family Peer Support Network](#) or another service that is trained to help patients that have been harmed can be very helpful.
- 10. Approach resolution as a comprehensive process.** Resolution should occur in all cases, not just those where compensation is warranted. Resolution means that the facility has made significant efforts to meet the emotional and medical needs of the patient, and has come to a shared understanding with the patient about the causes of the event and any preventative strategies for the future. Any compensation offered should be fair and timely.
- 11. Encourage patients and families to be represented by counsel.** If you need help explaining to patients why they should consider an attorney during resolution, refer to the [Massachusetts Bar Association website](#).
- 12. Consider a variety of ways to engage patients in post-event learning.** Often one of the most important things to injured patients is being able to help prevent a recurrence of the same mistake. Patients may also be interested in educating others about their experience. Their involvement and collaboration can be beneficial to the institution, future patients, and the patients themselves.