Organizational building blocks toward an effective practice of disclosure

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What are the building blocks of an effective disclosure practice, organized around a coaching model, in a healthcare organization?

It is important to emphasize that the ingredients of an effective organizational response to disclosure of medical errors and adverse events must be part of an organizational approach to responding to adverse events and medical errors that is integrated into a larger patient safety strategy aiming to promote a safety culture. Moreover, it is generally accepted that organizational success in improving patient safety requires the successful adoption of a comprehensive strategy of organizational learning. Therefore, building blocks for a successful coaching model must be part of these larger organizational strategies.

Because the capacity of a healthcare organization to learn, particularly to learn from its mistakes, a few words should be said here about recent insights and understandings about what must be in place in order for organizations to learn. Organizational learning can be defined as a process of increasing knowledge and changing how work is done through a process of reflecting collaboratively with colleagues. Its success depends on the capacity of organizations to examine traditional habits, assumptions, and patterns of thinking, and to recognize that many of the most important challenges in improving healthcare depend on cultural values of transparency, mutual respect, interdependence, and commitment to excellence. It requires leadership at the highest levels, but likewise requires leadership at the levels of departments and frontline practice. Perhaps most importantly, robust organizational learning necessitates a heightened appreciation for a collaborative and relational form of learning in which, for example, the knowledge of a high-functioning interdisciplinary team is understood to be greater than the sum of the knowledge and expertise of individual practitioners, and the process by which team members learn together is understood to occur in the context of appreciative and mutually respectful interactions with each other.

With these comments as prelude, what are the building blocks of an effective organizational approach to disclosure practice?

- Structures and practices of raising awareness and providing basic education for all frontline clinicians vis-à-vis the organization's policy on disclosure and when and how it should be implemented.

- User-friendly availability of all relevant policies, procedures, guidelines, and supplemental materials on the organization's Intranet.

- Mechanisms for broad-based understanding among front-line clinicians about the role of coaches, who they are, and how they should be consulted.

- Clear guidelines communicated to frontline clinicians about when disclosure should occur and when coaches should be consulted.

- Clear processes for reviewing all serious adverse events and documentation of whether disclosure occurred, whether a coach was called, and the outcome of the intervention.

- Regular meetings (recommended at the pace of at least six meetings per year) of coaches, involved clinicians, and, when possible, involved patients and family members to review particular adverse events with an eye to eliciting the multiple perspectives of those involved as well as the integrity and relative success of the overall process.

- Additional mechanisms for ongoing peer mentorship and supervision vis-à-vis disclosure coaching and disclosure practice.

- Plan for ongoing "refresher" training of coaches and training of new coaches as needed.

- Additional data collection processes to ascertain the experience of the event on the part of all key individuals involved (clinicians, coach, patient, family members).

- Established, integrated practices and procedures to promote follow-through and continuity beyond the initial disclosure conversation with patients, family members, and clinicians directly involved.

As a way of measuring different aspects of success, the following range of metrics can be considered for implementation:

- Hits to the hospital Intranet site dedicated to disclosure policies and practices
- The number of incidents in the organization in which disclosure occurred
- The number of times coaches were consulted
- The number of follow-up contacts with involved patients, family members, and clinicians

In addition to these quantitative metrics, the organization should consider a range of qualitative and ethnographic approaches for documenting experiential knowledge relevant to culture change. Examples might include: (1) conducting selective follow-up interviews with patients, family members, and clinicians involved in an adverse event and disclosure process, to ascertain their perspectives on how the event was handled, both at the time of the event and in the days, weeks, and months afterwards; (2) observation and documentation of coaching and disclosure conversations by individual not directly involved in the event.