

Communication Tip Sheet

Initial Conversations with Patients and Families about Harm Events



Overview

This tool provides guidance to a CRP team member on having initial discussions with a patient who has experienced harm during their care and/or their family. It provides suggested language that should be adapted to the individual situation.

Demonstrate Caring, Build Trust

- » Reflect on the goals of the conversation. In a successful discussion, trust is maintained because the patient and family:
 - » Feel informed promptly that something unexpected has happened, and understand the facts that are clearly known about the event and how we are responding
 - » Feel heard
 - » Believe that we care about them and have treated them with sincerity, dignity, and respect
 - » Are encouraged to ask questions and receive a direct and timely response
 - » Know what will happen next and who to contact with questions
- » Strive for cultural humility in your communication:
 - » Consider a broad definition of culture that encompasses cultural factors that are both non-traditional (gender identity, generational norms, mental health, housing concerns, support systems, insurance status, financial status, individuals with disabilities) and traditional (country of birth, race, ethnicity, religion, language, gender, sexual orientation, citizenship status, education level)
 - » Recognize the important role that cultural factors have on health beliefs and behaviors, including how culture influences responses by patients and families to harm events, as well their relationship with the clinician and healthcare team.¹ For example:

¹ The Role of Culturally Competent Communication in Reducing Ethnic and Racial Healthcare Disparities. September 1, 2004. Stephanie L. Taylor, PhD, MPH, Nicole Lurie, MD, MSPH. The American Journal of Managed Care, September 2004 - Special Issue, Volume 10, Issue 1 SP

- » Trust in the healthcare system, non-Western medical beliefs and practices, and current and past relationships with a primary care physician
- » Attitudes toward truth telling or asking questions of healthcare providers
- » Cultural values and meanings of life and death. For example, “passed away” may mean “death” in Western culture but can be misinterpreted in other cultures. The use of plain language is important.
- » Acknowledge individual cultural traditions, avoid stereotyping about a patient’s beliefs or values, and reflect on your own internal biases²
- » Identify who from the clinical team and whether any patient, family or other supports should join, and ensure you know the following information about the patient and family:
 - » Who the primary decision maker or speaking representative in the family is
 - » What the patient/family’s preferred language is, and if an interpreter is needed
- » Turn off distractions (phone, pager, TV, etc.)
- » Consider your non-verbal communication within a cultural context
 - » Decide whether or not to wear your white coat
 - » Sit down so that you are at the same level as the patient/family
 - » Ensure your body language is open (no crossed arms)

Discuss the Facts

- » Developing an accurate understanding of what the harm event was and how it happened takes time.
 - » Our first impressions are often incomplete or wrong
 - » Conclusive information about whether the harm event was preventable and if so, what caused the event to occur is rarely known until an event analysis is conducted
- » We want to help patients and families understand the clinically material **facts** about what happened so they can make informed decisions
 - » A “fact” has an objective, verifiable source and is different from an “opinion”
- » Sharing information with patients and families that later turns out to be wrong detracts from their understanding and undermines their trust
- » Therefore, during the initial conversations with the patient and family about the harm event, you should share clinical facts that are clearly known and what we are doing to mitigate the harm
 - » *“Your blood sugar went very low. We believe this is because you received 100 units of insulin rather than the 10 units, we wanted you to get. We will be monitoring your blood sugar closely going forward.”*

² Brown EA, Bekker HL, Davison SN, Koffman J, Schell JO. Supportive Care: Communication Strategies to Improve Cultural Competence in Shared Decision Making. Clin J Am Soc Nephrol. 2016 Oct 7;11(10):1902-1908. doi: 10.2215/CJN.13661215. Epub 2016 Aug 10. PMID: 27510456; PMCID: PMC5053803

- » *“Your bile duct was injured during your surgery, which required a larger incision to repair the duct.”*
- » If the patient or family seeks additional information
 - » Align with their interest for more details (e.g., *“we are also interested to understand more about what happened”*)
 - » Explain that we are going to look into what happened and we will come back when we know more
 - » Explain that we want to be able to offer the most complete and accurate information, and it may take time to pull that all together

Apologize and Explore Emotions

- » Express regret about what happened: *“I am so sorry you are going through this. This is not at all what we hoped would happen.”*
- » Fault admitting apologies (*“I am sorry you were harmed by this error”*) are only appropriate if a full investigation concludes that the harm was caused by an error or system failure
- » Listen carefully for clues as to how the patient/family is feeling about what happened
 - » If you are unsure how they are feeling, ask directly: *“What has this been like for you?”*
- » Name and validate emotions as they arise: *“I can see you are very upset about what happened- it is natural and understandable to feel that way.”*
- » Explore the emotions further: *“What about this is feeling most upsetting right now?”*
- » Allow for silence

Respond to Common Questions

- » Discussing harm events with patients/families involves responding to common (and difficult) questions, such as:
 - » *How could this have happened? (or ...have happened at such a highly regarded institution?)*
 - » *Who is to blame for this?*
 - » *Has this happened before?*
 - » *Is the (nurse/doctor/tech) going to get fired?*
 - » *Maybe it’s time for me to call my lawyer!*
- » Focus on responding empathically to the underlying patient and family emotion
 - » *“I can tell that you are very disappointed/upset/angry/ about what happened, which is completely natural in a situation like this.”*
- » Then express that we take what happened extremely seriously and note that the event will be reviewed carefully to understand what happened and that the plan for preventing recurrences will be shared with them
- » If the patient/family continues to press for an answer to their questions, simply state, *“I want to be able to answer any clinical questions you have, and if I can’t, I will help find those answers*

for you. If you have other kinds of questions, I am happy to connect you with someone who will be able to address these issues.”

Close the Conversation

- » Explain how the harm response process works at the organization
 - » What the next steps will be
 - » Approximate timeframes
 - » Who will be their point of contact for questions (with name and contact information)
- » Ask what immediate needs they have (medical, emotional, logistical) and note that you will connect with resources in the organization who can support them
- » Encourage them to write down any questions they may have and let them know we will answer them to the best of our ability based on what we know at the time
- » Close with a validation of their concerns and final expression of regret for what has happened

Document the Conversation

- » Communication after harm events includes not only our conversations with patients and families, but also sharing information with our colleagues
- » It is critical after discussions with patients and families about harm events that you document in the medical record a factual summary of what was shared, and what questions the patient and/or family raised regarding the event
- » This documentation helps your colleagues who are also interacting with this patient and their family know what has already been discussed and avoids sending mixed messages

Avoid Pitfalls

- » Be mindful of inadvertently conveying that we:
 - » Don't really care about what happened or what the patient/family are going through
 - » Don't take the event seriously (even when the harm to us appears minor)
 - » Are mostly focused on how the event affects us or the organization
- » Avoid speculating, even when pressed by the patient/family
 - » *“I wish I could provide more information right now, but getting to the bottom of what happened is going to take time. I don't want to risk offering my best guess and later learn I caused a lot of confusion because my guess was wrong. I can promise you that soon as we know the facts, we will share them with you.”*
- » Do not blame others
- » Do not discuss financial resolution or make commitments regarding payment issues
 - » If this issue arises, validate the question, and let them know you will make sure the right person discusses this with them