

Tragedy Strikes – what next?

Setting Up a Successful Patient Disclosure Program

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Implementing a “full disclosure” program

- Decide upon and adopt “full disclosure principles”
- Find your “voice” - the stories that will inspire
- Identify champions who can tell the story
- Find the stakeholders and achieve buy-in
- Map out the process including apology and remedy
- Train the trainers and train the organization
- “Just do it”
- Track your progress: celebrate success, learn from mistakes

Full Disclosure of medical error: a definition

- “Communication of a health care provider and a patient, family members, or the patient’s proxy that acknowledges the occurrence of an error, discusses what happened, and describes the link between the error and outcomes in a manner that is meaningful to the patient.”
- **Fein et al.: Journal of General Internal Medicine, March, 2007: 755-761**

Implementing a “full disclosure” program

- **Decide upon and adopt “full disclosure” principles**
 - We will provide effective communication to patients and families following adverse patient events
 - We will apologize and compensate quickly and fairly when inappropriate medical care causes injury
 - We will defend medically appropriate care vigorously
 - We will reduce patient injuries and claims by learning from the past

Credit to Rick Boothman, CRO, University of Michigan

Implementing a full disclosure program

- Finding your voice
 - “Putting the face on patient error”
 - Tell the story in to inspire change and commitment
 - Every hospital/medical center has a story
 - Find champions who can tell the story
 - Engage patient family victims of error
 - Recall the Hippocratic Oath

Implementing a “full disclosure” program

■ Identify potential champions and possible stakeholders

- Patients and families
- Physicians
- Nurses
- Pharm Ds
- Other Health Care Providers
- Guest Services
- Administrators
- Public relations
- Risk Management
- Legal Counsel: “in house”; outside counsel
- Board of Trustees

Implementing a “full disclosure” program

- Achieve “buy in” from top, bottom & sideways
 - Identify highest barriers
 - Making the financial case
 - The link between patient safety and transparency
 - The ethical imperative

Implementing a “full disclosure” program

- **Achieving “buy-in”: the biggest barriers**
 - 16 Chicago medical malpractice defense law firms interviewed as part of RFP process
 - Results
 - Other big barriers: medical malpractice insurance companies
 - Must reach consensus on National Practitioner Data Bank issues

Implementing a “full disclosure” program

■ Achieving “buy-in”: the link between transparency and patient safety

Recognizing and accepting responsibility for medical errors is the first, necessary step, toward preventing future similar errors

Expressing regret for the adverse outcomes caused by medical errors is the next necessary step

Use stories to help achieve this end

Implementing a “full disclosure” program

■ Achieving “buy-in”: the ethical imperative

Five Years After *To Err is Human*

What have we learned?

JAMA May 18, 2005

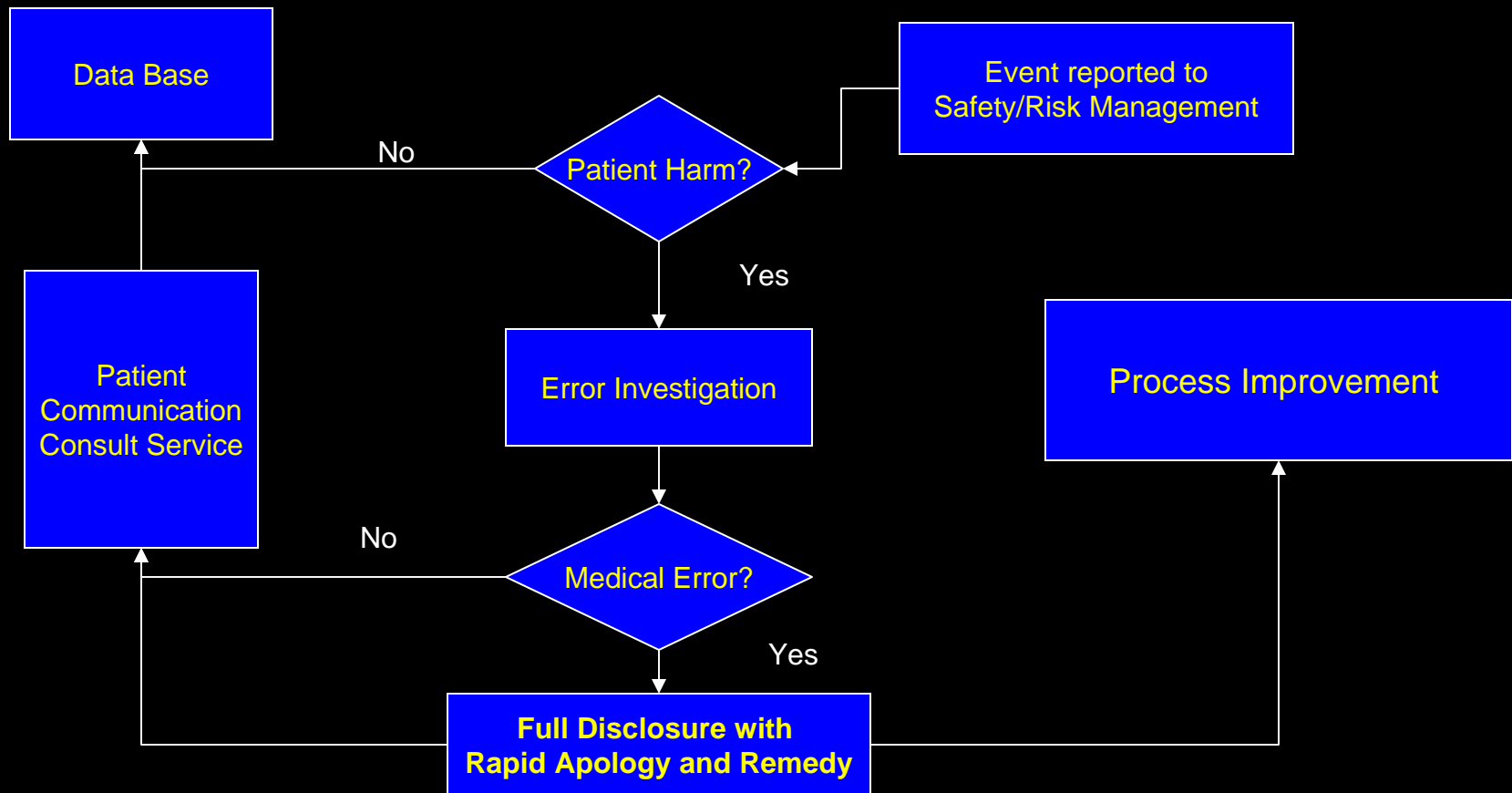
“ [T]he ethically embarrassing debate over disclosure of injuries to patients is, we strongly hope, drawing to a close... Few health care organizations now question the imperative to be honest and forthcoming with patients following an injury.”

Implementing a “full disclosure” program

■ Map out the process

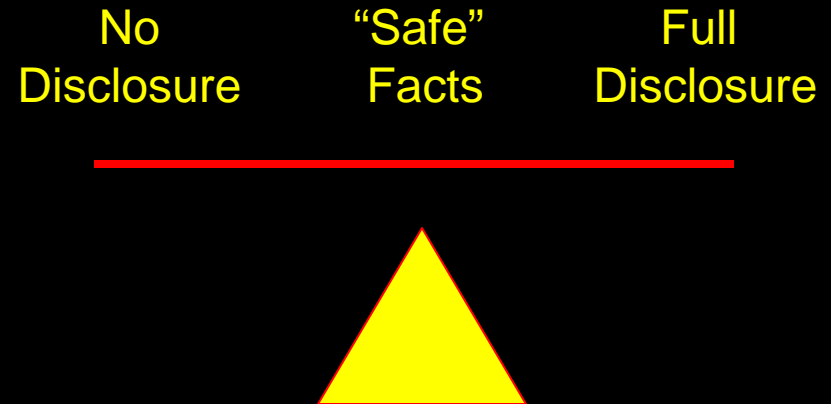
- Adverse reporting process
- Report screening
- Rapid error investigation teams
- Patient communication process: error disclosure team
- Providing appropriate remedy
- Accountability

The University of Illinois Patient Communication Process



After discovery of error: what next?

- The “balance beam” approach.
- Credit to Jerry Hickson, MD and Jim Pichert, PhD
- Vanderbilt’s Center for Patient and Professional Advocacy
- What is disclosed depends on what is “known”.



Implementing a “full disclosure” process

- Must create an accounting method for remedies
- Most common remedies
 - Waive hospital/professional fees for expenses caused by error
 - Provide compensation for lost wages, child care etc
 - “Pain and suffering”
 - Recommend separating clinicians and “remedy providers” [claims]

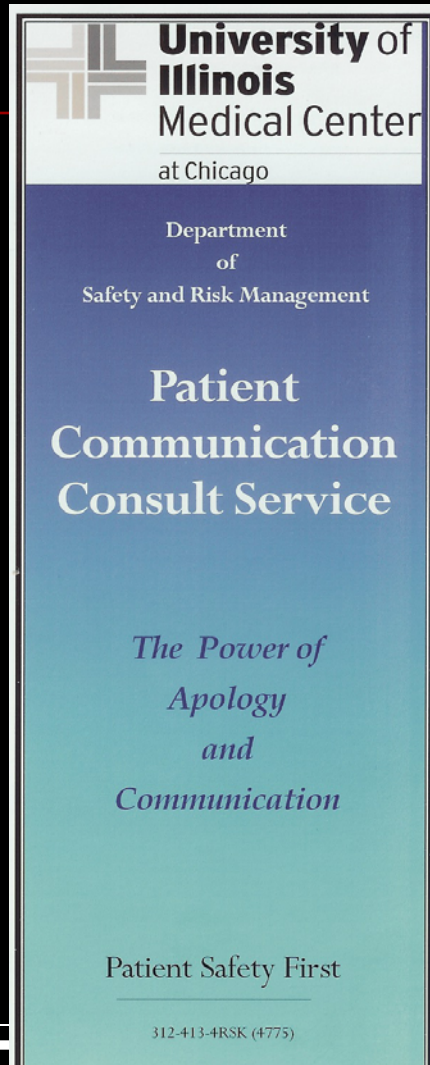
Implementing a “full disclosure” process

- **Train the trainers and train the organization**
 - Teaching communication skills: SPs
 - Understanding “emotional intelligence”
 - What patients want to know
 - Explanation
 - Accountability
 - Prevention of future events
 - Non-abandonment: patient & provider
 - “Benevolent gestures”

Implementing a “full disclosure” process

- “Just do it”
 - “Buy-in” from all stakeholders
 - Fully approved process from start to finish
 - Creation of a **patient communication consult service for communicating after all adverse events**
 - Leadership oversight of process
 - True test is first “big” error
 - Collect data
 - Track results

The Patient Communication Consult Service



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Implementing a “full disclosure” process

- Track your progress

Implementing a “full disclosure” process

- **Celebrate successes and learn from mistakes**
 - Monthly lunchtime communication consult meetings
 - Share experiences
 - Helping to deal with “second victim”, protect the messenger
 - Creating “disclosure” de-briefing tool
 - Intervening with MDs who offer remedies!
 - Discussing ways to ensure appropriate “communicators” and attendees to disclosure meetings
 - Consensus on process improvements

Implementing “full disclosure” process

- Examples of clear errors
 - Retained object
 - Wrong-sided procedure
 - Medication overdose
 - Missed diagnosis
 - Futile procedure

Implementing “full disclosure” process

■ Learning from mistakes

- Incomplete investigation
- “Wrong” person communicating
- “Right” person absent
- Finger-pointing or “jousting”
- Delay in disclosure
- Failing to follow-up
- Failing to recognize the second victim