



University of California
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ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

Adverse Event Communication and Diverse Patients

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Objectives

- Examine disparities in healthcare and which populations are more likely to experience lower quality healthcare and adverse events
- Delineate how low-income, limited literacy, racially/ethnically diverse populations may experience the response to adverse events differently
- Characterize specific challenges for adverse event communication among diverse populations
- Identify best practices from lived experience among risk management professionals for communicating across differences in the aftermath of adverse events



Image by [Arek Socha](#) from [Pixabay](#)

Roadmap

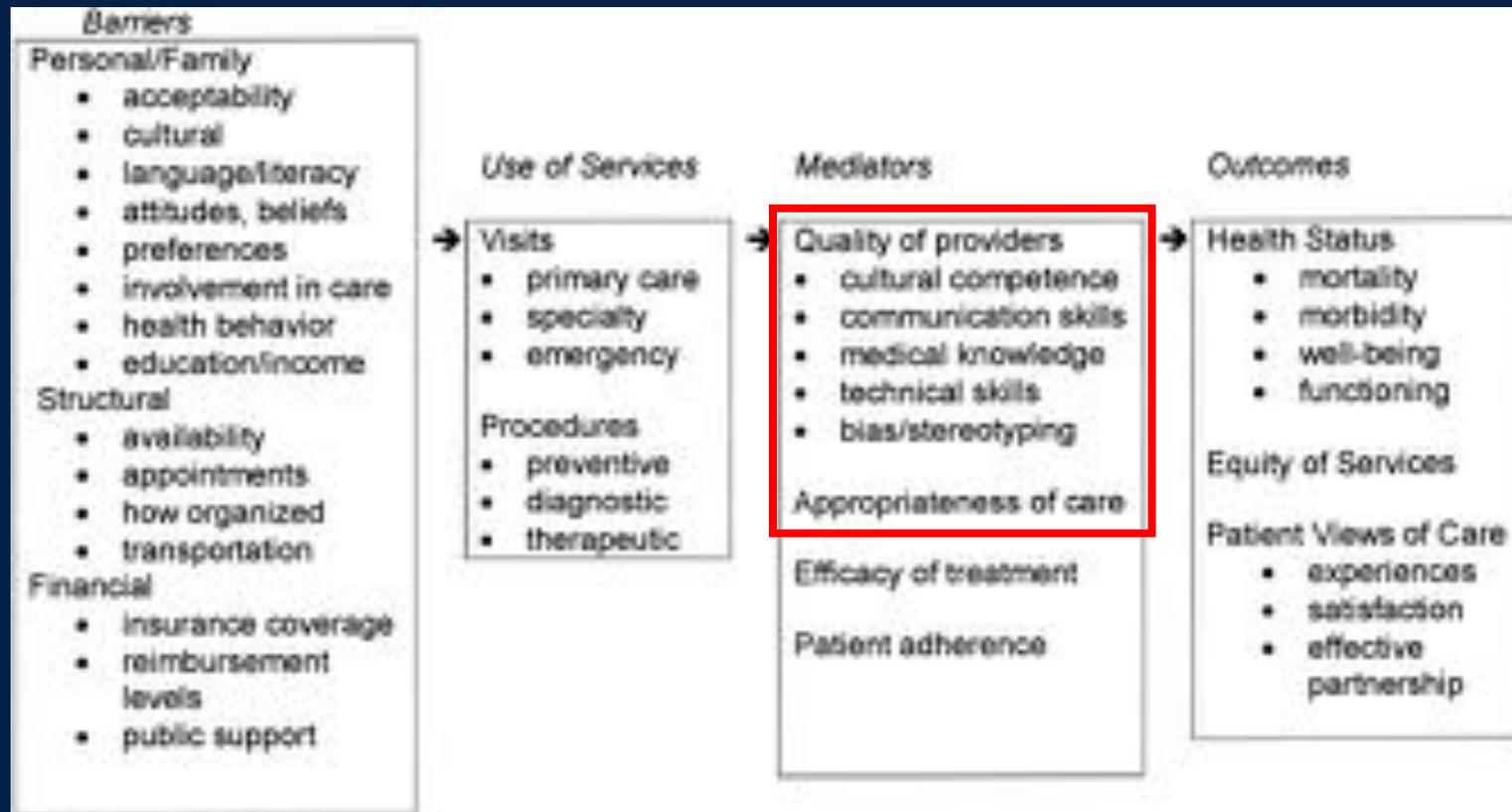
- Healthcare disparities
- Challenges and opportunities at each step of the communication and resolution process
- Next steps

Image: Ashley at Pexels

Healthcare Disparities

Definition and Conceptual Model

- Refers to differences between groups in health insurance coverage, access to and use of care, and quality of care (Kaiser Family Foundation, 2020)



Source: Cooper et al., 2002

Healthcare Disparities

Quality of care: Race and gender

- Black women with chest pain were significantly less likely to be referred for catheterization than White men in a randomized trial (Schulman et al., 1999)
- Black patients with long-bone fractures were less likely than White patients to receive analgesics (Todd et al., 2000)
- Black birth outcomes worse; disparity improved when treated by Black physicians (Greenwood et al., PNAS, 2020)
- Concern for delayed/ missed diagnosis due to implicit bias (Serena Williams' postpartum DVT story, 2018)

"I was like, a Doppler? I told you, I need a CT scan and a heparin drip"

- Serena Williams, interview with Vogue magazine



Photographed by Mario Testino, *Vogue*, February 2018

Healthcare Disparities

Quality of care: Lack of interpreters

- 1 in 10 adults in the US report limited English proficiency (LEP) (Johnson et al., 2010)
- Impact on quality of care:
 - increased risk of medical errors and misdiagnosis (Wilson et al., 2005)
 - less satisfaction with clinical care (Johnson et al., 2010)

“When you talk about safety-net, I mean they’re the ones who may have limited education, they’ve had a stroke, they may have had a different language, they may not be able to get back and forth – I mean all those things make communication and understanding way more difficult.”

– Participant 7, Focus Group Interview, UCSF CME: Medical Care of Vulnerable and Underserved Populations 2020

Healthcare Disparities

Access to and use of care: Transportation

- 3.6 million people in the U.S. do not obtain medical care due to transportation barriers (Health Research & Educational Trust, 2017)

I put in the referral and month after month he would come back and he would not have gone because he didn't understand the referral, he didn't have anyone make the call for him, he didn't have transportation.”

– Participant, Focus Group Interview, UCSF CME: Medical Care of Vulnerable and Underserved Populations 2020

Impact on Health Care Access and Health

- Missed doctor and clinic appointments
- Limited pharmacy access and decreased prescription fills
- Economic burden for patients and the health care system

Source: Health Research & Educational Trust, 2017

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Providing Care for Medically/ Socially Complex Patients

“I feel personally saddened by the pressure that safety net providers put on themselves. Like a PSA in a patient who had so many other things going for them, that that was not the priority of care for that patient, right. You were doing what was best in that moment for that patient.”

– Participant 5, Focus Group Interview, UCSF CME: Medical Care of Vulnerable and Underserved Populations 2020

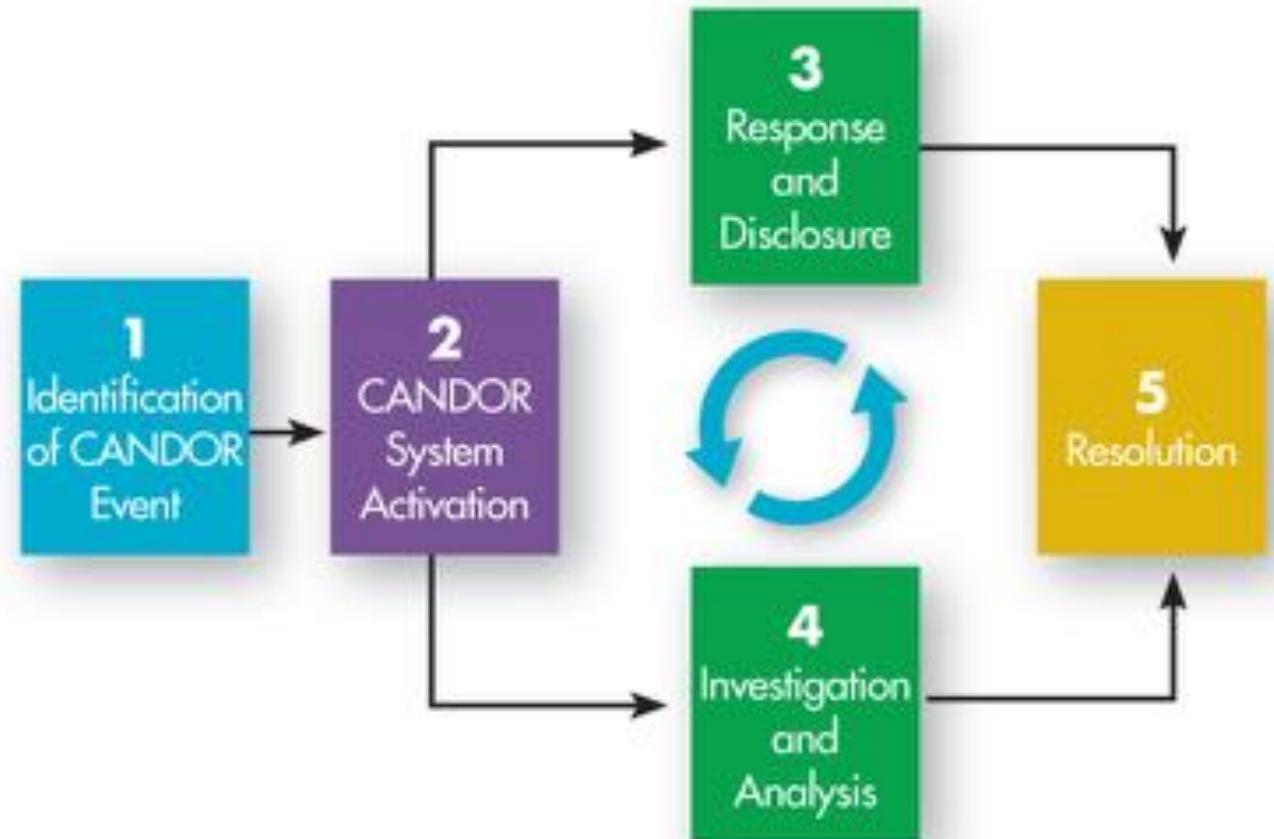
CRP and Vulnerabilities

“I think that is very emblematic of the safety-net systems. There is dispersed responsibility.”

– Participant 4, Focus Group Interview, UCSF CME: Medical Care of Vulnerable and Underserved Populations 2020

“I think the difference in the safety-net is, the Swiss cheese – there’s so many more holes.”

– Participant, Focus Group Interview, UCSF CME: Medical Care of Vulnerable and Underserved Populations 2020



<https://www.ahrq.gov/patient-safety/capacity/candor/index.html>

Communication and Resolution Process

Barriers

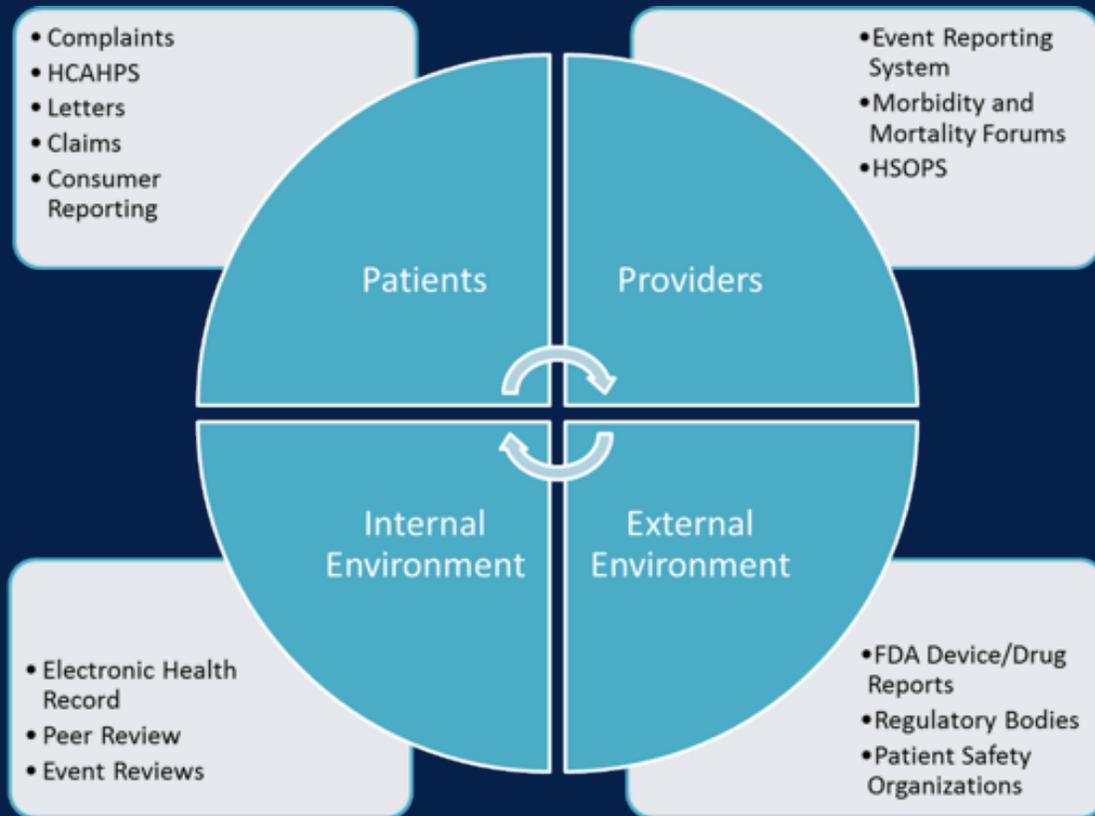
- Fears
 - Litigation
 - Data Bank
 - Shame, blame
 - Reputation
 - Lack of skills
- Lack of process

Source: Communication and Optimal Resolution (CANDOR):
Grand Rounds Presentation by Timothy B. McDonald, MD, JD

“My experience with the ethics committee,... whenever we call the ethics committee, it’s already too late. Like something bad has happened and we need to mediate it. And so I wonder if there’s a way to have more contact with these two groups in a more prophylactic way, at least to understand what each side does to build that relationship before something happens”

– Participant 1, Focus Group Interview, UCSF CME: Medical Care of Vulnerable and Underserved Populations 2020

Step 1: Identification of an event



- **Patients** fear of losing care access -> less likely to complain
- **Providers**-> bandwidth for reporting
- **Internal environment**
 - Less EHR capability
 - Varying peer/ event review
 - Risk management staffing
- **External environment**
 - PSO membership
 - Piecemeal regulatory environment

<https://www.ahrq.gov/patient-safety/capacity/candor/index.html>

Step 2: System Activation

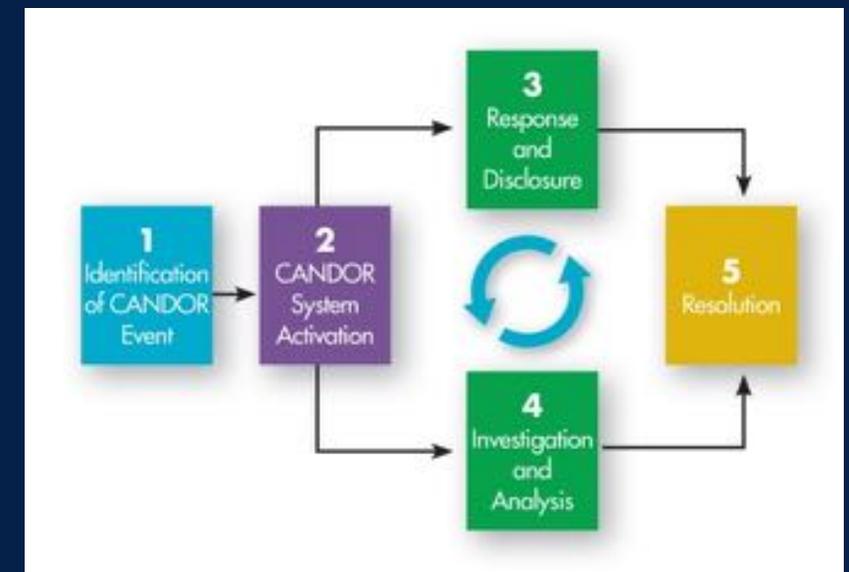
Rapid response from trained team

- Receive report
- Assess harm
- Engage care team
- Sequester evidence



Preparation for response and disclosure

What are challenges in this step with vulnerable populations/ settings where they receive care?



Step 3: Response and Disclosure

Best Communication Practices

Key Disclosure Communication Skills

- **Show empathy**
 - **ALLOW** the patient to express his/her emotions.
 - **ACKNOWLEDGE** the patient's emotions.
 - **VALIDATE** the patient's emotions by saying that their response is understandable.
- **Be honest**
 - **EXPLAIN** the facts about the adverse event without the patient having to do a lot of probing.
 - **GIVE** direct answers to the patient's questions.
 - If you do not know the answer to the patient's questions, state this directly and explain your plan to learn more and keep them updated.
- **Utilize effective communication strategies**
 - **SHOW** sincere interest in the patient's questions and concerns.
 - **USE** good non-verbal expression (e.g., eye contact).
 - **AVOID** medical jargon.
 - **CHECK** for the patient's understanding of the information throughout the conversation.
 - **BE** yourself!

Step 3: Response and Disclosure

Racism and Mistrust

- Lack of trust in medical care from marginalized communities d/t racism

- Tuskegee

<https://www.cdc.gov/tuskegee/timeline.htm>

- Henrietta Lacks

<https://jamanetwork.com/journals/jama/fullarticle/2769506>

“I feel like in a few situations patients were initially quite suspicious about the good intentions of the health care team. After some ongoing contact with the families or the patients over a period of days to weeks, that it ended being a really good place for people to be grateful for the open communication and had a pretty full understanding of what exactly had happened.”

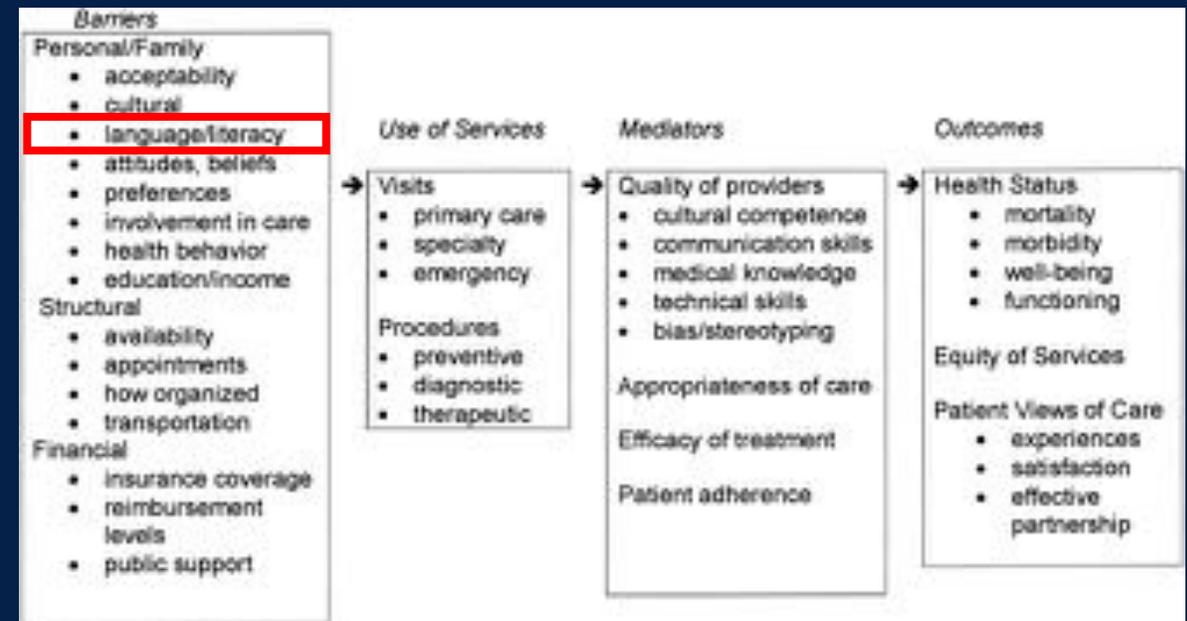
– Participant 4, Focus Group Interview, UCSF CME: Medical Care of Vulnerable and Underserved Populations 2020

Health Literacy

- The degree to which individuals have the capacity to find, understand, and use information and services to inform health decisions (CDC)
- Low health literacy:
 - More prevalent among non-White populations (Berkman et al., 2011)
 - Associated with worse healthcare outcomes

“That example of every injection’s a vaccine. So not really even understanding if an error occurred or what that means. Or lack of expectations that the patient might have for their medical care. They’re not coming in with a certain set expectations. So I think those are things that the patient might carry that’s different [in diverse] populations.”

– Participant 5, Focus Group Interview, UCSF CME: Medical Care of Vulnerable and Underserved Populations 2020



Source: Cooper et al., 2002

Step 3: Response and Disclosure

Expectations

- There may be suspicion of racism or hostility
- The patient may not trust your honest responses
- Literacy-appropriate communication
- You may need to involve other trusted parties
- **You need a diverse team!**

Step 3: Response and Disclosure- Care teams

- Lack of existing support structures for care teams
- Safety-net providers' social justice mission
- Extremely high levels of burnout

“I didn’t say you know, I feel some responsibility here because I at least should have tried to have the conversation with you. And I looked back through notes, like god did I ever try to have the conversation – maybe I did and just didn’t document it. And I haven’t said kind of that level of things to him because I’m not sure... probably to some extent just self-preservation and I don’t want to. I’m not sure what it would serve exactly at this point. I have not said anything to him like I feel some responsibility here. I feel super mixed about that. Or to his family for that matter.”

– Participant 3, Focus Group Interview, UCSF CME: Medical Care of Vulnerable and Underserved Populations 2020

Step 4: Investigation and analysis

Candor process and challenges



Step 4: Investigation and Analysis

Marginalized and minoritized populations

- Key step= inclusion of patient/ family
- How might race/ethnicity and health literacy function affect this step?

“The support we offered was either a rapid case review and sort of find out the truth of what really happened...And sometimes it was facilitated conversations with family or with patients. And sometimes it was just emotional support for staff members who are struggling with a response to an event.”

– Participant 4, Focus Group Interview, UCSF CME: Medical Care of Vulnerable and Underserved Populations 2020

Step 5: Resolution

- Offers of compensation to low-income individuals
 - Real or imagined economic coercion
 - Relationship with legal system

“You take full responsibility. You say, ‘Listen I did this, that was on me.’ Don’t try to put part of the blame on them or anybody else. And you know, try to make amends.”

– Participant 3, Focus Group Interview, UCSF CME: Medical Care of Vulnerable and Underserved Populations 2020

Roadmap

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- Next steps

Image: Ashley at Pexels

Next Steps

- We need to know more!
- Focus group of providers
- Now recruiting for virtual focus group of risk/ medicolegal professionals
 - Email: DIADEM@ucsf.edu (If you run into issues, please contact Kristan.Olazo@ucsf.edu)



Thank you for
your attention!

Questions?

Contact

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UCSF

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