

CAI Resource Guide for the Webinar:

The Good, The Bad, and The Ugly: Patient Experiences with Communication and Resolution Programs

Webinar Learning Overview

- Understand what elements are important for patients and families to hear after medical harm
- Compare and contrast patient experiences with and without a Communication and Resolution Program (CRP) following harm
- Explain the importance of a highly reliable CRP for patients and families

PRESENTERS

- Carole Hemmelgarn, MS, MS, *Patient Advocate; MedStar Health Institute for Quality and Safety, Senior Director Education; Program Director, Executive Master's in Clinical Quality, Safety & Leadership, Georgetown University*
- Jack and Teresa Gentry, *Patient Advocates*
- Naomi Kirtner and Jeff Goldenberg, MD, *Co-Founders, Talia's Voice: Projects for Patient Safety*

WATCH THE WEBINAR AND DOWNLOAD THE SLIDES

- Watch the webinar: <http://bit.ly/thecaiyoutube>

Publications

DISCLOSING MEDICAL ERRORS TO PATIENTS: IT'S NOT WHAT YOU SAY, IT'S WHAT THEY HEAR

Albert W. Wu, MD, MPH, I-Chan Huang, PhD, Samantha Stokes, MPH, and Peter J. Pronovost, MD, PhD

ARTICLE SUMMARY

Wu et al. designed a survey to examine if reactions to physicians disclosing adverse events are related to the physician apologizing and accepting responsibility. They found that patients will probably respond more favorably to physicians who apologize and accept responsibility for medical errors than those who do not apologize or give ambiguous responses. They also concluded that patient perceptions of what is said may be more important than what is actually said.

Read the Article:

DOI: [10.1007/s11606-009-1044-3](https://doi.org/10.1007/s11606-009-1044-3)

PATIENTS' AND FAMILY MEMBERS' VIEWS ON HOW CLINICIANS ENACT AND HOW THEY SHOULD ENACT INCIDENT DISCLOSURE: THE "100 PATIENT STORIES" QUALITATIVE STUDY

Rick Iedema, Suellen Allen, Kate Britton, Donella Piper, Andrew Baker, Carol Grbich, Alfred Allan, Liz Jones, Anthony Tuckett, Allison Williams, Elizabeth Mania, and Thomas H Gallagher

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ARTICLE SUMMARY (IEDEMA ET AL.)

Iedema et al. conducted a retrospective qualitative study to investigate patients' and family members' perceptions and experiences of disclosure of healthcare incidents and to derive principles of effective disclosure. They found that most patients and family members felt that the health service incident disclosure rarely met their needs and expectations. Patients and families expected better preparation for incident disclosure, more shared dialogue about what went wrong, more follow-up support, input into when the time was ripe for closure, and more information about subsequent improvement in process.

Read the Article:

<https://doi.org/10.1136/bmj.d4423>

PATIENTS' EXPERIENCES WITH COMMUNICATION-AND-RESOLUTION PROGRAMS AFTER MEDICAL INJURY

Jennifer Moore, LLB, MA, PhD; Marie Bismark, LLB, MPH, MD; Michelle M. Mello, JD, PhD, MPhil

ARTICLE SUMMARY

Moore et al. conducted interviews with patients, family members, and staff at three US hospitals that operate CRPs to explore their experiences with medical injuries and CRPs. They found that while the CRP experience was positive for 18 of 30 patients and families members, opportunities exist to improve institutional responses to injuries and promote reconciliation.

Read the Article:

[DOI: 10.1001/jamainternmed.2017.4002](https://doi.org/10.1001/jamainternmed.2017.4002)

PATIENTS' AND PHYSICIANS' ATTITUDES REGARDING THE DISCLOSURE OF MEDICAL ERRORS

Thomas H Gallagher, Amy D Waterman, Alison G Ebers, Victoria J Fraser, Wendy Levinson

ARTICLE SUMMARY

Gallagher et al. conducted focus groups with patients and physicians to determine patients' and physicians' attitudes about error disclosure. They found that both physicians and patients have unmet needs following errors. Patients wanted disclosure of all harmful errors and sought information about what happened, why the error happened, how the error's consequences will be mitigated, and how recurrences will be prevented. Although physicians disclosed the adverse event, they often avoided stating that an error occurred, why the error happened, or how recurrences would be prevented. Patients also desired emotional support from physicians following errors, including an apology.

Read the Article:

[DOI: 10.1001/jama.289.8.1001](https://doi.org/10.1001/jama.289.8.1001)

For more information on these topics, please contact thecai@uw.edu or visit the CAI Website at <http://communicationandresolution.org/>

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IMPROVING RECONCILIATION FOLLOWING MEDICAL INJURY: A QUALITATIVE STUDY OF RESPONSES TO PATIENT SAFETY INCIDENTS IN NEW ZEALAND

Jennifer Moore, Michelle Mello

ARTICLE SUMMARY

Moore and Mello conducted semi-structured interviews with patients injured by healthcare, public hospital administrators, lawyers, and claims professionals to explore factors that facilitate and impede reconciliation following patient safety incidents and identify recommendations for strengthening institution-led alternatives to malpractice litigation. Through thematic analysis they identified five elements of the reconciliation process that were important: (1) ask, rather than assume, what patients and families need from the process and recognize that, for many patients, being heard is important and should occur early in the reconciliation process; (2) support timely, sincere, culturally appropriate and meaningful apologies, avoiding forced or tokenistic quasi-apologies; (3) choose words that promote reconciliation; (4) include the people who patients want involved in the reconciliation discussion, including practitioners involved in the harm event; and (5) engage the support of lawyers and patient relations staff as appropriate.

Read the Article:

<http://dx.doi.org/10.1136/bmjqs-2016-005804>

Resources

CRP INFOGRAPHIC: WHAT PATIENTS AND FAMILIES NEED

Patient and Family Advocate Committee, The Collaborative for Accountability & Improvement

HOW TO USE THIS RESOURCE

Using current standards for best practices regarding CRPs, Patient and Family Advocate Committee of The Collaborative for Accountability & Improvement created this infographic to highlight what patients and their families need most following an incident of harm. This infographic can be distributed to healthcare organizations and other appropriate parties who can help implement these patient-centered components into existing processes.

Download and Share:

<http://communicationandresolution.org/crp-infographic-what-patients-families-need-2020/>