



“How to Respond to an Adverse Event: Prepare for the Unexpected”

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Serious adverse events (with or without medical error) may be infrequent, but preparing for the unexpected makes a big difference when the physical, emotional and financial harm suffered by the patient and/or family is as real as the shock and disappointment felt by the provider(s) involved. Each of these, including the state of mind of the provider(s) must be acknowledged and addressed. Few are adequately prepared with the situational awareness, communication and management skills necessary to respond to adverse outcomes in ways patients and their families expect. These expectations are:

- An explanation of what happened and why
- Disclosure of any error
- Action and communication on how the consequences of the error will be mitigated
- Action and communication on how reoccurrence will be prevented
- Emotional support, including an apology (an acceptance of responsibility, if appropriate)¹

If patient or family expectations are not met following an adverse event, perceptions tend to shift to those of doubt due to unanswered questions and concerns. Social pressure is applied by family and friends who hear about these unanswered questions and concerns and anger develops. Anger is what drives most medical malpractice lawsuits.² Whatever the event, families expect to be told that providers are going to determine why this happened and once they have, they are going to do the right things.

In Advocate, MD's effort to help our customers properly manage the liability risks associated with an adverse outcome, we offer the following guidelines. Depending on the circumstances, some of these suggestions may or may not apply. Above all, be honest in your actions and your words.

1) First, concentrate on continuing the best possible patient care. The highest priority for the primary caregiver must be the care and comfort of the patient.

2) Any time there has been a misdiagnosis, an error in treatment or some other action from which a claim could potentially result, contact your Advocate, MD claims representative. You have paid for the services, protection and professional guidance of these individuals. Use the valuable resource of their experience.

3) In privacy, sensitively communicate with family members about what is being done, and let them know you care. Take time, sit down with them; make eye contact. Speak slowly, using simple terms. Do not overload them with long medical explanations. Do not speculate. You may not know all the facts; do not guess. Do not blame others or yourself. Simply state the clinical facts of what happened and specifically what efforts were taken to save the patient's life (or to prevent further harm). Let them know that you only have initial information and more can be expected as investigation of the event develops. Educate them about the process.

4) Do not overreact or take responsibility for events or conditions outside your control. Recognize that an unusual or unexpected event can be a shock and disappointment for the physician too. Calmness and careful, deliberate thought and action should be your goal.

5) When documenting an event or a mistake, be as accurate and objective as possible. Stick to the facts. Do not inject opinion or use inflammatory language. Be specific and detailed about only what you did and observed. Do not criticize or offer judgment on actions taken by colleagues or other staff members. Encourage others to document what they did and observed. Read others' documentation carefully. If there is a discrepancy, correct it by providing further explanation in your notes. Do not alter the record. If you must make an addendum to the record, note the date, time and explain the reason for the amendment if it is not obvious. Avoid the appearance of a self-serving purpose for the addendum. Review all documentation before signing off.

- 6) Gather information for evidentiary purposes and coordinate this with your Advocate, MD representative. Equipment or supplies associated with the event may need to be sequestered or inspected before subsequent use. Coordinate efforts to make sure evidence pertinent to the event is not accidentally altered or discarded.
- 7) Allow the family to grieve and assist where appropriate. Be sure to consider the family's need to know if the patient was afraid or in pain, or if he/she said or did anything in the course of the procedure to indicate suffering. Patiently sharing this difficult message in a compassionate manner is vital to the family members' grieving process. Sit in silence for a few moments, giving them time to react, to question, or simply to cry. Often in grieving, the family may feel guilty for a variety of reasons. Strangely enough, the disclosure of error, if there was any, can help diminish their guilt and allow closure. Offer to make social, religious and other support services available.
- 7) When communicating, show empathy, but watch what you say. It is better to say, "I'm sorry for your loss," or "I'm sorry this happened," or "I wish it were different," than to say, "I feel horrible about this," or "I just feel awful." The latter two statements can easily be misconstrued as expressions of guilt. The former statements are less self impugning.
- 8) Leave the lines of communication open. Before you leave the family member's side, tell them that you know this is a lot of information and that they will probably have more questions later on. Give them a number where they can reach you and permission to call you any time of day.
- 9) Follow-up with the family in a timely and considerate manner. They may have more questions and may want to go over things once again. Be willing to spend time to answer their questions. If they want to talk, invite them to your office and have a trusted staff member present. Be aware that all conversations may be recorded. Again, honesty, concern and professionalism are always the best policies.
- 10) As new facts are discovered or clarified over time, coordinate this with your Advocate, MD representative to guide further disclosure. If you find there was a problem or an error, work with these professionals to determine the best way to disclose it, apologize for it, and compensate the patient or his/her family. Most people respond favorably to a sympathetically presented, honest admission of fault.
- 11) Respect and respond to the family's right to have a copy of the medical record. If they involve an attorney, it is not proper to discuss the matter any further with family members. Do not respond to any requests for answers or complaints in writing. Immediately contact your Advocate, MD claims representative to guide you further.
- 12) Attending the funeral can be a powerful gesture. This is appropriate if you were close to the patient and family or if the patient was a respected person in the community. A condolence card signed by you and your staff may show respect and is appropriate if the patient's family members have been to your practice. Remember, at an emotional time, your remarks should be honest, kind and appropriate.
- 13) Notify your office staff not to send any correspondence, e.g., bills to the family without your knowledge and approval. Do not make any promises about paying for the hospital bill or future expenses. Coordinate with the hospital and members of the Advocate, MD claims or risk management departments.
- 14) You may have to wait for a formal peer review to determine any wrongdoing. This information is legally protected by peer review statutes to encourage free and open discussions. Avoid the temptation to marshal the support of others by discussing the matter outside peer review meetings. If you are not absolutely sure about the connection between the patient outcome and any possible mistake, exercise great caution when discussing this with anyone. Internal adverse event reporting mechanisms should be held confidential. Once a cause is determined, prevention of reoccurrence should be the goal.
- 15) Seek the support you need from your colleagues and institutions to cope with the impact the event has had on you personally and professionally.
- 1 Gallagher TH et al "Patients' and Physicians' Attitudes Regarding the Disclosure of Medical Errors." Journal of the American Medical Association. 2003; 289: 1001-1007
 - 2 Doug Wojcieszak et al, Sorry Works! Disclosure, Apology and Relationships Prevent Medical Malpractice Claims (Bloomington, IN: AuthorHouse, 2007) 19