



Spring PACAH Conference 2010

## When Bad Things Happen To Good People

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## Objectives

- Outline essential elements of an effective Critical Situation Management Plan.
- Understand the importance of communication with various stakeholders when negative outcomes/events occur.
- Present effective and suggested strategies for open, honest, and effective communication with various stakeholders.

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To ERR is HUMAN.....

To Not Plan For It Is.....

# BIG TROUBLE

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*Can We Prevent All Bad Outcomes?*

**Absolutely NOT!!**

***BAD THINGS HAPPEN TO GOOD PEOPLE***

**ALL THE TIME!!**

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***How An Organization Responds Will Most Likely Determine Their Positioning Post-Event.***

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**Keys To Success In Event Response Planning**

- **Genuine Interest** from the Care Team
- **Compassionate and Effective Communication**
- **Re-establish Confidence**
- **Assist resident and family** with *Taking Care of Business*
- **Recognition** of the significance of event and/or impact to resident and family
- **Balance** of Facts and Emotions

*Be Aware of EVERYTHING that is said—DIFFICULT to erase preliminary comments*

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### Impact Considerations

- Resident
- Family
- Employees
- Physician
- Other Treating Providers
- Regulatory
- Legal
- Media
- Public Relations
- Business Operations

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### Reactions of Patients and Families Influenced by....

- Significance and impact of incident itself
- The manner in which the incident is handled

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### Cascade of Events

- First Concern—RESIDENT
  - Minimize further harm
- Protect any evidence—medications, equipment, records
- Communicate Promptly, Efficiently, and Factually
  - Leadership Team
  - Line Staff
  - Resident/Family
- Medical Record Documentation
- Investigation Documentation
- Mitigate Media Exposure

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## Communication Plan

- **1 Person** Designated Key Communicator
  - Assists in establishing **trust** in relationship
  - Assists with establishing **credibility**
  - Maintains **consistency** with information provided
  - Provides **control** of information communicated to resident/family
- Effective Communication Skills—ease with communications, empathetic, believable
- Facility Leader Involved

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## Initial Communication

1. Explain in **FACTUAL TERMS WHAT** happened
  - Leave the details of how and why for later
  - Limit discussion to **KNOWN FACTS**....no speculation, conjecture, or opinions
2. Express **REGRET** that the incident occurred
3. Assure management is conducting a thorough and complete investigation
4. Establish a contact person/point person for family for further communications
5. Promise to follow up at conclusion of investigation

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## Initial Communication

- If resident requires hospitalization
  - Get updates
  - Go to the hospital and visit the resident
  - Talk to the treating hospital staff to understand their perception
  - Get to the attending physician

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## Employee Communication

- Expectation of Confidentiality
- Debriefing of Caregivers Involved
- Facts of Situation
- Update on Resident Condition
- Point Person for Communication
- Media Policy Review
- 2-Way Communication Expectation

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## Reporting

- Regulatory
  - Factual and Honest
  - Portray Urgency of Follow-Up
  - Risk Analysis
    - Identify Risks
    - Mitigate Risks Immediately
- Insurance Provider
- Legal Counsel/Solicitor
- Board of Directors/Commissioners
- AAA
- Police

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## Investigation

- Involve your attorney to protect documents
- Staff Interviews
- Written Statements—signed, timed, and dated
- Timeline/Chronology of Investigative Activities
- Root – Cause Analysis
  - Human Error
  - Equipment Malfunction
  - Systems Error
- Understand Mitigating Factors
- Maintain Objectivity

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## Investigation Follow Up

- IMMEDIATE/URGENT INTERVENTIONS TO PREVENT RECURRENCE
- System Changes to Prevent Recurrence
- Run the Findings and Change Process Through your QA/PI Committee
- Monitor Impact ➡ Measure Results ➡ Make Changes

*At the End of the Day—Answer the Question:  
Can This Situation Happen Again??*

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## Documentation

- Medical Record
- Investigation Timelines, Chronologies, Activities
- Quality Improvement/Quality Assurance Activities
- Interview Statements
- Interview Notes

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## Media

- Evaluate risk for Media Involvement
- Draft Media Statement
  - Acknowledge Situation
  - Express Concern
  - Reassure public that management is on top of situation
- Update Media Statement
- Written Statements Better than Verbal Interviews
- Train Receptionists, Admissions Staff, Off-Shift Nursing Staff, Social Workers, etc. on Media Policy

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### Key Points In Media Communications

- What, when, where, why, and how—simply the facts
- Presence or absence of any threat
- Concise explanation of situation
- Key message on facility's safety, follow-up actions, and concern for those affected
- 30 second rule
- Start and End with Key Message

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### Barriers to Effective Communication

- Culture of Organization
- Provider Fear
  - Lawsuits
  - Defense Attorneys
  - Insurance Company
  - Negative Publicity
- Provider Inexperience
- Undesirable task
- Incomplete Information

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### Basic Communication Steps

- Preparation
- Initiate Conversation
- Present the Facts
- Conclude the Conversation
- Documentation

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## Other Considerations

- Make Eye Contact
- Do Not Use medical terminology, jargon, or words that the listener does not understand
- Identify any cultural, language, or educational barriers
- Speak slowly
- Be aware of body language
- Don't overwhelm with information but don't oversimplify the situation
- Afford resident/family opportunity to talk and ask questions—don't monopolize the conversation

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## Improve Communication Outcomes

- Designate the RIGHT Point Person
  - Emotional balance
  - Experience
  - Relationship with Resident/Family preferred
- Provide Privacy
- Train All Staff on "Service Dialogue"
  - On hire
  - Annually
  - As needed
  - Clinical and Administrative Communication
- "Eight Times, Eight Ways"

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## RESOLUTION

- **If an obvious mistake occurred—apologize**
- Explain the FACTS uncovered through the investigation
- Explain how you plan to PREVENT it from recurring again
- **If NO mistake occurred—empathize**
- Make EXTRA effort to ensure continuity of residents care

**HOLD THE LINE BOTH WAYS**

- **DEFEND REASONABLE CARE**
- **ACKNOWLEDGE ERRORS WHEN THEY ARE CONFIRMED**

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### Plan Follow-Up Communication Appropriately

- Identify the FACTS
- Develop a bullet-point list of “talking points”
- Discuss the sequence of presenting the information
- Anticipate Questions and Plan Answers
- Express Sympathy and Empathy
- Offer Support, both personal and organizational

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### What NOT to Disclose

- Names of individuals involved and any specific disciplinary actions taken
- Root cause analysis/investigation tools and materials
- Tools, materials, or information that would be protected under quality assurance
- Consultation with attorneys, insurance company, or other parties

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### What To Say

Thank you all for being here today. This is the resident's current condition. We've asked you to come here because it's important to talk about what happened. We take this kind of situation very seriously. I want to take this opportunity to explain what we know so far and give you an opportunity to ask questions. I want to assure you that we're doing everything we can to assist your loved one. Here is what we know.....

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### What To Say...

- I'm Sorry This Event Occurred
- I'm Sorry this happened to your mother
- I'm Sorry that your family has to go through this
- I'm sorry this happened, it's terrible.
- The staff is truly concerned about your mother's condition. Can we call you to get periodic updates so we can keep them informed on his/her progress?

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### When To Say It

- Initially following event
- Throughout the investigation
- When communicating resolution

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**Body Language**  
+  
**Content**  
+  
**Credibility**  
+  
**Delivery**  
+  
**Key Messages**  
=  
**POSITIVE RESULTS**

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