



## Communicating Adverse Outcomes

Communicating Adverse Outcomes The responsibility to inform a patient or his/her family of an adverse health care outcome is an inevitable part of providing health care. Adverse events or disappointing outcomes occur; not necessarily as a result of an error or negligent care, but often for reasons outside the provider's immediate control. Events may be correlated to the patient's diagnosis or co-morbidities, side effects of medication or treatment, or, as is sometimes the case, tied to the unrealistic expectations of patients or families.

The health care provider-patient relationship is built upon trust and honesty. Good communication with patients has always been essential in health care and is the cornerstone provider – patient relationship. Open, honest communication positively affects the patient, outcomes, satisfaction, and often reduces professional liability losses.

When an adverse event or outcome happens, healthcare professionals are encouraged to put the interests of the patient first and communicate directly with the patient/family in an honest, compassionate manner as soon as possible after an event occurs.

We recommend you:

1. Address patient's health care needs as soon as possible
2. Collect the facts and investigate the event immediately. If interviewing others, do not attempt to write down every statement made. Simply summarize your understanding of the conversation.
3. If an error is involved, coordinate with the risk manager or legal counsel to determine which information, (such as peer review materials, root cause analysis documents, disciplinary actions, and legal communications), would be protected and which details must therefore be reviewed prior to determining what is appropriate for discussion with the patient/family.
4. Communicate with the patient and/or family as soon as feasible after the event. Do so in an honest and empathetic manner. But state only the currently understood facts, the patient's condition, and treatment plan.



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5. Refrain from commenting about the reasons for the event until the investigation is complete.
6. Follow up with the patient / family after completing the investigation. Do not assign blame. Do not speculate about fault. Provide an honest disclosure, and an apology (if appropriate) that avoids suggestion of fault.
7. Describe any precautions or change to the treatment plan to prevent recurrence.
8. Describe follow-up care.

In certain states expressions of sympathy relating to the pain, suffering or death of a patient made to the patient/family member are not admissible in court as evidence of an admission of liability, whereas statements of fault are considered admissible evidence. In all interactions, the healthcare professional should maintain the patient's best interests, provide competent and compassionate patient care, and exercise appropriate respect for other health care professionals.