Communicating After Harm in
Healthcare

Introduction

> "In time of crisis people want to know that you care,
> more than they care what you know."
>
> *Will Rogers*

Increasingly, healthcare and health professional organizations are being called upon to share information about patient safety incidents with patients, key stakeholders (both internal and external), the public and the media in a timely and transparent way. As social platforms have empowered patients and stakeholders to take control of the narrative, healthcare and health professional organizations are expected to be more responsive than ever.

The health media landscape both in Canada, and across the world, has changed dramatically over the past 10 years. Consolidation and layoffs within newsrooms have resulted in a small ecosystem of key traditional media influencers driving most of the health commentary. With fewer resources, reporters are increasingly turning to social media for story sources. Coupled with the growing influence of social media and citizen reporting, the relationship between the patient, the media, and other stakeholders has shifted. Mobile is becoming the lens through which many view the world, and social is a source for reporters, patients, and stakeholders to find information. Thus, patients have more control over the health media landscape than ever before. In an environment where powerful and emotional stories drive clicks and shares, it is more important than ever to consider the patient perspective following harm in healthcare. A single tweet or Facebook post can drive the entire narrative of a harmful patient safety incident.

In 2008, The Canadian Patient Safety Institute (CPSI) took a leading role in developing the *Canadian Disclosure Guidelines*, created to ensure that a consistent process is in place for healthcare providers communicating patient safety incidents to patients and their families. Like the Canadian Disclosure Guidelines (available on CPSI's website), the guidelines for *Communicating After Harm in Healthcare* will serve to enhance public trust and support patient safety through transparency when a patient safety incident causing harm occurs.

Communicating After Harm in Healthcare was developed by the Canadian Patient Safety Institute to assist you and your organization throughout the process of communicating after patient safety incidents that resulted in harm. This document can help to guide organizations with strategies and tactics for communicating harm in healthcare with various audiences including social media.

This document is intended to replace the *Guidelines for Informing the Media After an Adverse Event*. Since those *guidelines* were originally published in 2009, the communications landscape has changed significantly, and stakeholders are expecting more accountability and transparency from healthcare and health professional organizations.

The purpose of this document is to provide support for healthcare and health professional organizations that need to share information about patient safety incidents that caused harm. When implementing this process, it should be understood that each patient safety incident is individual, and each response must be customized appropriately.

Key Definitions

Healthcare and health professional organizations across Canada use different terms for patient safety incidents. For this guideline, specific terms will be used to ensure consistency.

➜ **Patient Safety Incident**
  A patient safety incident that could have resulted, or did result, in unnecessary harm to a patient. Many organizations refer to harmful incident as "adverse events".

  Harm
  Anything that adversely affects the physical safety of patients, or has psychological impacts, in clinical care, drug therapy, research investigations, or public health. May include adverse drug reactions, side effects of treatments, and other undesirable consequences of healthcare products and services, and is usually caused by the inherent risks of a procedure or treatment, a system failure or by provider performance.

Patient safety incidents may be discussed on a variety of social and traditional media platforms, requiring an integrated response that may include paid, earned, shared and owned media, as defined here [1].

➜ **Paid**
  The channels in which money is paid to place the message, and control its distribution (e.g. Google, newspaper, advertisements)

  Earned
  The published coverage of an organization's message by a credible third party, such as a journalist, blogger, trade analyst or industry influencer.

  Shared
  The sharing of and commenting on your message by the community through social channels.

  Owned:
  The messages you (or writers on your behalf) write, publish and control through your own dedicated blog or other channels (e.g. Facebook page or Twitter account).

[1] The PESO Model was developed and championed by Gini Dietrich. Dietrich is a leading voice for the PR industry, and author of Spin Sucks.

Guiding Principles

Putting the patient first

No healthcare or health professional organization ever intends to harm a patient. When harm occurs in healthcare, the experience can be extremely traumatic for the patient and his or her family. It can also be devastating for the healthcare professionals involved.

Communicating about patient safety incidents can facilitate improved ongoing patient care and may help reduce the likelihood of incident reoccurrence in the future. However, many healthcare professionals feel uncertain about how and what to disclose to patients about incidents that caused harm. In addition, the emerging and often relentless pace of social media can add additional challenges to communicating following harm. Balancing the need to be transparent with the privacy of the patient, and the timelines of an investigation is increasingly challenging.

The care and information needs of the affected patient(s) must be the primary concern of the organization. Patients want to know what happened and why. They deserve an honest explanation and are entitled to the facts. A lack of direct, one-on-one communication may be interpreted as a lack of concern, and could contribute to increased criticism by the patient and his or her family. Further, a lack of transparent and open communication may contribute to increased psychological and emotional distress.

We know from discussions with patients and family members, that they need three key pieces of information communicated to them when harm occurs as a result of healthcare. First, they need to know what happened; second, what changes will be made to decrease the likelihood that such an event will happen again, and third, an apology. All of this information is outlined in the *Canadian Disclosure Guidelines.*

It is important to note that apologies are no longer considered admissions of guilt. Rather, an apology helps to build rapport and trust between patients and their families and healthcare providers, and supports open and honest communication. More importantly, the apology can often aid a patient's healing, both physically and psychologically, after an incident.

Being honest, open and transparent

Section 14 of the CMA Code of Ethics (2004) specifies that healthcare providers must, "take all reasonable steps to prevent harm to patients; and should harm occur, disclose it to the patient". When communicating about a patient safety incident that resulted in harm, disclosure is only one piece of the puzzle. Organizations must be honest, open and transparent about what happened, with a variety of stakeholders, and the organization must be prepared to communicate proactively at a level appropriate to the severity of the impact.

Organizations that appear to be slow in responding to patient safety incidents that resulted in harm, or are perceived to be attempting to cover up such incidents, are often subject to intense scrutiny, not only by the public and media, but also by regulatory bodies and government. The imperative to communicate is further driven by the public desire for increased engagement and communication from public organizations where conversations are happening – online. The culture around the communication after harm in healthcare is changing. It is now the expectation, not the exception, that organizations share this information with stakeholders and audiences.

In some cases, communication activities are considered in the context of ongoing investigation or legal action, sometimes resulting in a reluctance to be transparent. It is important to note that transparency does not necessarily mean full disclosure of all details, nor is it an admission of guilt. When specific details cannot be disclosed for any reason, it is important to communicate why not.

When sharing information with the public, it is important to ensure communication is occurring in tandem with the processes outlined by the *Canadian Disclosure Guidelines*. In addition, communicators must adhere to the Canadian Public Relations Society's Code of Professional Standards, and the International Association of Business Communicators' *Code of Ethics for Professional Communicators*. These standards outline expectations that, when adhered to, ensure consistent, responsible, ethical and legal choices during communication.

Balancing privacy and transparency

The healthcare or health professional organization must ensure, more than anything else, that the patient's privacy is maintained. Before any information about harm is released internally, and certainly externally, a discussion with the patient and/or family must take place to determine their level of support for information sharing.

The level of support from the patient and/or family can help provide clearer direction about the extent of information that can or should be shared. If the patient and/or family does not wish to be identified and does not grant permission to share specific details, organizations must determine how and what to communicate with broader audiences on a more general basis, while respecting patient confidentiality.

It can be difficult to balance patient privacy with the expectation of open, honest and transparent communication. While the public continues to demand increased transparency, the burden of responsibility to protect patient privacy has not changed for healthcare providers.

The statement below provides an example of transparency, while protecting patient privacy:

➔ *The health region is investigating an unexpected occurrence during a routine procedure that resulted in harm to a patient. While our focus is caring for the patient and protecting their privacy, we are also working diligently to determine the cause.*

Each day the health region's 5,000 employees work hard to provide world class healthcare to our patients. In exceptional cases where harm occurs, we work hard to determine the cause and implement measures to prevent its reoccurrence.

Maintaining trust

How an organization behaves following a patient safety incident can have a significant impact on its reputation. Further, the behaviour that an organization exhibits can have positive or negative effects on trust of the institution, particularly following a patient safety incident.

Integrity is critical. Stakeholders want to know that an organization has ethical, transparent and open practices, and takes responsible action to address issues or crises.

Timely engagement is also key. Organizations earn trust when they listen to stakeholder needs and feedback, place stakeholders ahead of organizational interests, and communicate frequently and honestly about the state of their activities.

Organizations that demonstrate trust-building behaviors following harm in healthcare are more likely to minimize the negative impact on their reputation.[2]

Communicating in a hypersocial world

Given today's instantaneous, multi-channel communications environment, the pressures on organizations to share information are becoming even stronger, often leaving little time to weigh all the considerations and develop an effective communications strategy before deciding on a course of action.

The increasing proliferation of social media, and the rapidly changing information ecosystem, now means that information is available before organizations are prepared to address issues. The patient, family members, or healthcare workers may take on a citizen journalist-like role and report on an incident through social platforms, or take their story to a reporter, before an official response has been framed.

Organizations should have a process in place to monitor social media channels, to assess posted information, and determine if a response is required. Since social media and search engines can spread information (whether accurate or not) at uncontrollable rates, it is important for organizations to get ahead of issues and address misinformation, rumors, or speculation as quickly as possible.

For example, if information contained in a blog posting is inaccurate or potentially damaging to the reputation of the organization, the first assessment must be about the reach of the blog, i.e. – does it have a large, influential audience, or a small group of followers? In the former case, a response may be advised, whereas in the latter case, only monitoring of this post would be required. As with all communications, when responding to social media postings, it is important to keep the following considerations in mind:

- Transparency – explain your affiliation with your organization
- Sourcing – cite your sources by including links, video or other references
- Timelines – take time to create good responses (from a few hours to a day)
- Tone – respond in a tone that is respectful and compassionate
- Influence – focus on posts that are among the most influential and relevant to your organization

Health organizations must also consider that social media enables every stakeholder to be a content creator, including employees. While your workforce can be your greatest champion, they can also do damage to an organization's reputation when they speak out of turn. Clear expectations for what employees can and cannot say should be outlined, and employees should be reminded of those expectations during incidents.

---

[2] Trust data provided by the Edelman Trust Barometer, a global study measuring trust and credibility across the four institutions of business, government, media and NGOs. For 16 years Edelman's Trust Barometer, has measured the state of public trust in institutions around the world.

Foster a Culture Prepared to Communicate

There are many things an organization should be doing to ensure that it is prepared to identify incidents that require escalation, and to ensure it is ready to communicate following harm.

Clear lines of communications between the organization's patient experience and communications functions must be established; and active information sharing of known/suspected risks must be promoted to ensure ongoing reporting of patient safety incidents and close calls.

In addition, organizations must establish internal and external monitoring mechanisms to ensure that issues are identified early and that patient safety incidents are addressed quickly, with the right people at the table. This should include both formal internal feedback and reporting mechanisms, as well as social and traditional media monitoring programs.

Organizations should also prepare communications plans in advance, and always be ready to respond when patient safety incidents causing harm happen. Organizations must be assessing the probability of risks and ranking their potential impact on patients, stakeholders, and the organization's reputation. Steps should be taken to mitigate the most probable and consequential risks, including developing communications scenario plans in advance of incidents.

Finally, all healthcare and health professional organizations should have a **Crisis Communications Plan** to communicate any number of critical events, including patient safety events resulting in harm. As soon as possible following the occurrence of harm, the plan should be executed and used as a guide to share information with key stakeholders, the broader public and the media.

A sound crisis communications plan involves five critical components. The five "Ps" that constitute the structure of a plan:

Procedures: listing who does what - this stipulates delegation of authority, the steps to be undertaken, and checklists of things to be done. Many confuse this for the whole crisis planning process itself, but it's only the tip of the iceberg. These procedures must be easily adaptable to deal with any event affecting your organization and its reputation.

People: identifying your crisis cell - this identifies the people who will direct your response to an incident that caused harm. Questions to answer include: what kind of training should they have? Who are the alternates? Do you need more than one spokesperson?

Preparation: to be ready to respond quickly to any incident, messaging needs to be prepared ahead of time. Most organizations know the risks they face and are thus able to craft risk/scenario-based messaging that can be applied or adapted for almost any situation. The "message mapping" crisis communications technique offers a good starting point to prepare a whole series of messaging which will need only brief final approval after an event occurs.

Practice: a plan not exercised is a plan unproven. Communicators must seize every opportunity to put their crisis response plans to the test. Whether it is for communicating after harm to a patient or to any other crisis involving a healthcare organization, the best way to ensure success is to have practiced a whole contingency of scenarios.

Platforms: whether it is for communicating directly with your audiences and stakeholders, or to conduct effective social listening activities, the right tools and platforms are essential. Social networks offer healthcare organizations the opportunity to be their own broadcasters. They no longer have to rely solely on legacy media. Social networks and mobile technology give organizations unprecedented access to key stakeholders and other audiences. In addition, active listening to social media, whether on a daily basis or during incidents, gives organizations a much better understanding of the environment in which they operate. During a crisis, social listening can be very useful to help:

- Gauge the effectiveness and reach of your own messaging.
- Dispel rumours and combat misinformation that could put public health at risk.
- Respond to communications and comments directly aimed at your organizations.
- Identify key stakeholders and influencers who help shape public opinion on your response to an incident.
- Give your organization a much better understanding of how an incident and public perception is evolving.

Checklist

Communications Checklist

- Determine who, internally, needs to be involved

- Identify the urgency (low/medium/high). Does it have a wide scope? How severe is the impact? Is the situation unique/novel?

- Assign roles and responsibilities, and ensure that key people are at the table

- Consider the information needs of the patient, and the requirements for disclosure

- Ensure that the patient/family is involved in the disclosure planning process, including timing and details

- Ensure the patient's privacy is protected; have a conversation with the patient/family about privacy obligations and any specific concerns

- Identify key issues: challenges, barriers, opportunities

- Conduct a stakeholder audit to prioritize impacted, affected, and even interested stakeholders

- Identify what information is missing, and what is needed to proceed

- Determine the communications strategy and key messages to be communicated

- Develop stakeholder-specific communications products, and determine the sequencing of their release

- Execute the communications plan, and monitor for stakeholder reactions and additional requests for information

- Evaluate your success

- Update your crisis communications plan based on the lessons learned through evaluation

Do's and Don'ts

There are a number of things that organizations should do, and not do, when communicating about harm in healthcare.

Do

- Always strive to do the right thing
- Be honest, open and transparent
- Sincerely acknowledge the patient's concerns and apologize when appropriate
- Provide context and details
- Consider questions that stakeholders might have
- Strive to be proactive as opposed to reactive
- Be timely, communicate as quickly as possible
- Listen to stakeholders and let them help to guide your response
- Honestly examine the incident and focus on what you are doing to improve
- Ensure you are following regional disclosure laws/expectations

Don't

- Don't wait for an investigation to be completed. The severity of the impact and the complexity of the event may require several rounds of communication
- Don't be defensive. Provide context and background, and accept responsibility when necessary
- Don't forget internal audiences - they can be important advocates. The more information you provide them, the more likely they are to advocate for your organization
- Don't say, "no comment", or avoid providing information or answering questions
- Don't speculate. It is acceptable to say that you don't know but that you must outline a process for getting answers
- Don't say, "it happens", "it's under investigation", or "we are all patients"
- Don't use complex language. Consider your audience

Communications Plan on a Page

Crisis Team Responsibility

Before an incident

- Develop a crisis communications plan
- Regularly train the crisis team
- Establish ongoing issue monitoring
- Identify and categorize probable risks

Following an Incident

- Prioritize the patient/family needs
- Assess the impact and stakeholder needs
- Formulate a communication plan including input from patient/family
- Communicate, monitor for reactions, and course correct

This flow chart illustrates the process that the crisis team should consider when communicating with each audience. This tool should be used in conjunction with the *Communicating After Harm in Healthcare* guide

	Preparation and Communication Planning	Communicate	Evaluate and Refine	Reputation Recovery
Patient(s) and/or Family	• Formally notify the patient and/or family members • Discuss broader communication plans and ensure alignment • Apologize if and when warranted	• Ensure patient and/or family is provided with constant updates regarding the status of disclosure/communication • Engage for feedback, address appropriately	• Ensure patient's privacy was protected • Follow up to determine additional information needs and reaction to public interest	• Communicate the results of any investigations and efforts taken to address the root issue • Continue to provide information when requested • Maintain relationship
Other patients and stakeholders	• Assess the impact on other patients / future patients / past patients • Follow established protocols • Assess the potential impact on trust and reputation • Prioritize impacted and affected stakeholders, define communications sequence	• Execute communications plan, using stakeholder specific tactics • Communicate with priority stakeholders first, in the pre-determined sequence • Monitor for response, be open to feedback • Adjust strategy as need	• Based on listening/monitoring activities, assess the need for additional communication	• Communicate the results of any investigations and efforts taken to address the root issue • Continue to provide information when requested • Highlight resulting improvements to safety processes
CEO and Key Executives	• Share impact assessment and communication plan with CEO and executives • Develop materials for CEO and/or other spokespeople • Train CEO or spokespeople as necessary	• Provide ongoing updates regarding the status of communications • Flag issues and concerns identified through monitoring activities	• Provide debrief and summary reports of media and social media monitoring • Provide summary of stakeholder reactions	• Develop communications plan regarding completed investigation, seek approval • Provide summary of communications activities and impact on stakeholder relationships and corporate reputation
Internal Staff and Volunteers	• Determine information needs of employees and volunteers • Develops key messages and communications products as necessary	• Ensure internal audiences are kept up to date • Communicate expectations of employees and volunteers (for stakeholder inquiries)	• Monitor internal reactions, and recommunicate as necessary • If required, consider higher quality touch points (e.g. town halls)	• Communicate lessons learned and organizational next steps • Be extremely cautious of blame – it is counterproductive
Key Operating Units *(Legal, HR, Finance, Risk, etc.)*	• Share as much information as appropriate and relevant to area of expertise • Consult as necessary on the communications plan and key messages (particularly legal)	• Ensure information from operating units was appropriately considered in communication • Provide ongoing updates as required	• Provide debrief and summary reports of media and social media monitoring, if appropriate • Provide summary of stakeholder reactions, if appropriate	• Communicate lessons learned and organizational next steps • Address outstanding organization liabilities and implications
Traditional Media Sources *(Print, TV, Radio)*	• For minor issues, monitor. For more significant issues, immediately create a reactive standby statement • Consider the level of external interest (based on impact of incident, novelty of story) • Determine if proactive outreach is warranted. If so, develop proactive communications materials (news release, FAQs, etc.)	• Assess the impact of media coverage • Evaluate tone, ensure accuracy • Follow up with media as appropriate; clarify misinformation, address rumors, dispel myths • Provide spokesperson for interviews as appropriate	• Determine the need for further media communication based on outcome of initial stories • Continue to monitor the media for unique angles and stakeholder reactions	• Communicate the results of any investigations and efforts taken to address the root issue • Highlight resulting improvements to safety processes • Promote broader public education, if appropriate • Continue to provide information when requested
Social Media	• Monitor online communication, including impacted stakeholders • Determine response statements • Determine need to communicate proactively on social/digital media	• Communicate on owned social channels (Owned refers to the social pages the organization controls) • Respond to feedback on public forums • Monitor the reaction of key influencers (patient(s), influencers, healthcare system)	• Use social/digital media as a feedback mechanism to determine the potential reputational impact	

Roundtable Participants

First Name	Last Name	Organization
Chris	Power	Canadian Patient Safety Institute | Chief Executive Officer
Cecilia	Bloxom	Canadian Patient Safety Institute | Senior Director, Strategic Communications
Jason	Thompson	Canadian Patient Safety Institute | Communications Officer
Barbara	LeFort	Canadian Patient Safety Institute | Project Coordinator
Greg	Vanier	Edelman Public Relations Worldwide | Vice President, Crisis and Risk Management
Sophie	Nadeau	Edelman Public Relations Worldwide | National Media Lead
Shannon M	Evans	Alberta Health Services | Manager, Communications
Diane	Bégin	APEX Public Relations / ruckus Digital | Vice President
Dr. Gordon	Wallace	Canadian Medical Protective Association | Managing Director, Safe Medical Care
Patrice	Cloutier	Hamilton Health Sciences | Manager, Corporate Communications
Maureen	Buchanan	Mississauga Halton LHIN | Executive Lead, Communications and Governance
Shabnum	Durrani	Ontario Hospital Association | Director of Public Affairs
Brian and Donna	Penner	Patients for Patient Safety Canada | Members
Emily	Holton	Saint Michaels Hospital | Senior Communications Advisor
Sean	Molloy	St Josephs Health Centre, Toronto | Director, Quality, Safety, Risk and Medical Affairs
Brad	Ross	Toronto Transit Commission | Executive Director, Corporate Communications
Catherine	Pringle	Trillium Health Partners | Director, Communications
Jane	Finlayson	University Health Network | Senior Public Affairs Advisor