

When citizens contribute to risk management

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Communication of an AE (adverse event) to patients and relatives

Interviews with doctors in the USA and Canada

Disclosure of patient safety incidents: a comprehensive review

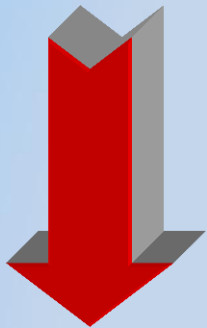
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Major AE

98%

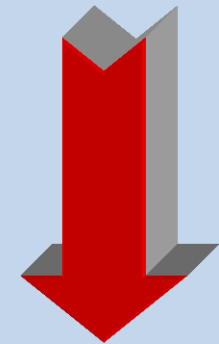


5%



Minor AE

78%



41%




RECOMMENDATIONS

CHARTER FOR

MANAGEMENT OF


ADVERSE EVENTS



*RECOMMENDATIONS
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ADVERSE EVENTS*

1) The Clinical Unit Director

- Acquires from coworkers the information necessary for reconstructing the event.
- Accepts responsibility for management of communication of the adverse event to the patient and/or their relatives.
- Informs all the operators on the team involved in the healthcare process of what has occurred, insofar as is necessary to guarantee consistency and propriety in verbal and non-verbal communication to the patient and/or their relatives.



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2) The relationship

The relationship with the patient and/or their relatives must have an appropriate context, respecting the dignity, privacy and emotional needs of the individual.

- The language must be comprehensible to people of all cultural levels
- Adequate time must be left for questions.
- Continuity of care of the patient must be guaranteed

A scroll of parchment with a yellowish, aged appearance, partially unrolled. The text is centered on the scroll.

RECOMMENDATIONS

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3) The healthcare process

- The Clinical Unit must propose or agree with the patient the most appropriate methods for continuation of the healthcare process.
- Each time, it could be more appropriate or more welcome to continue the process entirely within the same Clinical Unit, or to contact the GP or other healthcare structures.
- The Clinical Unit and the healthcare structures facilitate the diagnostic/therapeutic process for managing the outcome of the adverse event.



Thank you