The aftermath of adverse events:

A view from the NHS

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Outline

- Study A: *Managing the after-effects of serious patient safety incidents in the NHS: An online survey study*
- Study B: *Surgical complications and their implications for surgeons' wellbeing: An interview study*

Patients' experiences of adverse events

- Adjustment worse than in patients with serious medical conditions (Vincent, 1993)
- Further trauma when the incident is not handled sensitively (Vincent, 1993)
- Failure to meet the needs of harmed patients:
  - ✓ loss of trust
  - ✓ legal action

(Vincent et al, 1993; Van Vorst et al, 2007)

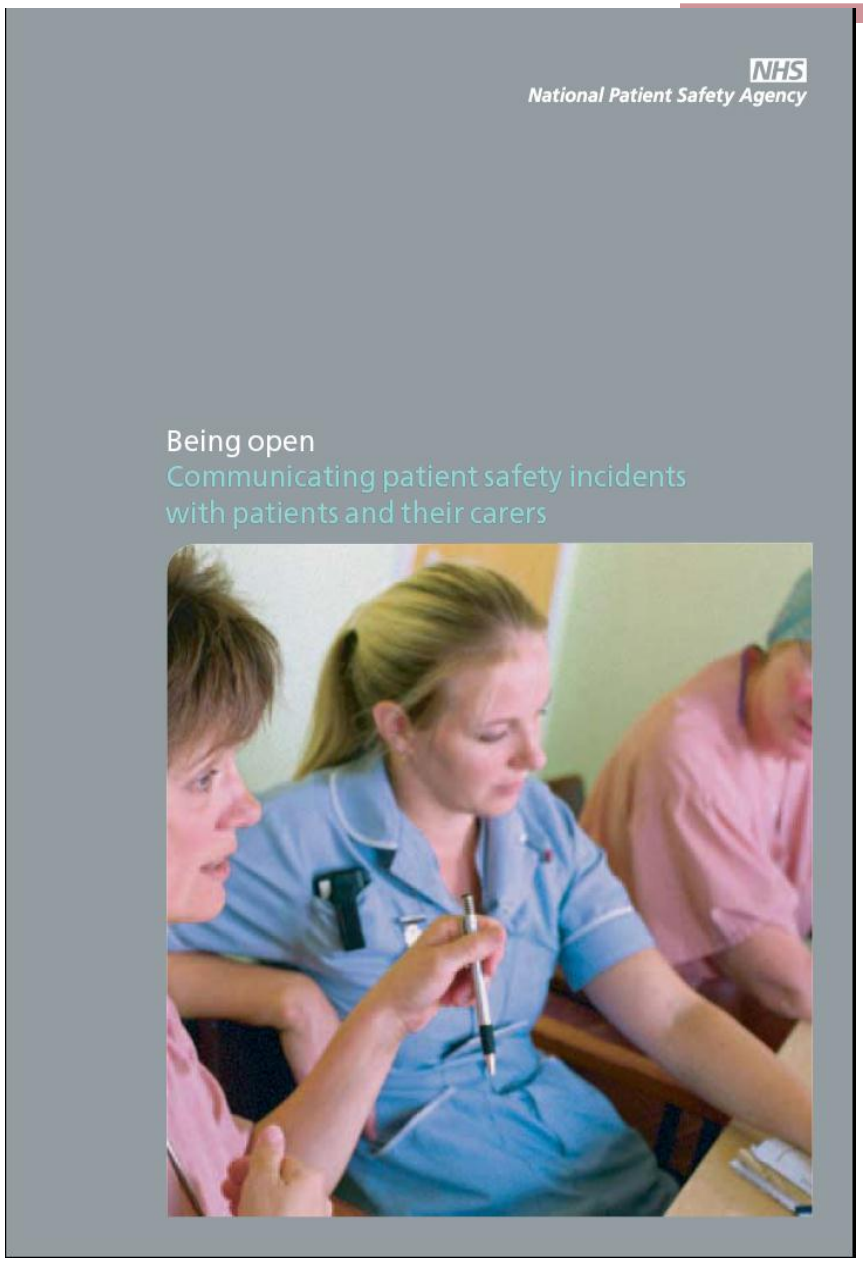
Being open

- Patients would like to be informed of any error
- Staff support openness but do not disclose

Barriers of being open

- Institutional repercussions
- Legal liability
- Blame
- Lack of confidentiality
- Shame/embarrassment
- Lack of institutional commitment/support

(Kaldjian et al, 2006)


NHS
National Patient Safety Agency
Being open
Communicating patient safety incidents with patients and their carers

NPSA, 2009

Managing the after-effects of serious patient safety incidents in the NHS: An online survey study

*Pinto A., Faiz O., Vincent C.; BJM Quality & Safety;doi:10.1136/bmjqs-2012-000826

Group discussion

- To what extent is “being open” in the NHS?
  - Which factors affect the implementation of “being open” guidelines?

- Ideal vs. actual discussions with patients/families
  - Who is involved
  - How many meetings are held
  - Elements of typical discussions with patients/families
  - Support for patients/families

Study aims & design

How do NHS trusts manage the aftermath of serious patient safety incidents?

Study aims

- To investigate NHS **policies & practices** relating to the management of serious patient safety incidents

Methods

- Sample: **209 risk managers** of NHS trusts
- **Online questionnaires** distributed through the NHS Litigation Authority

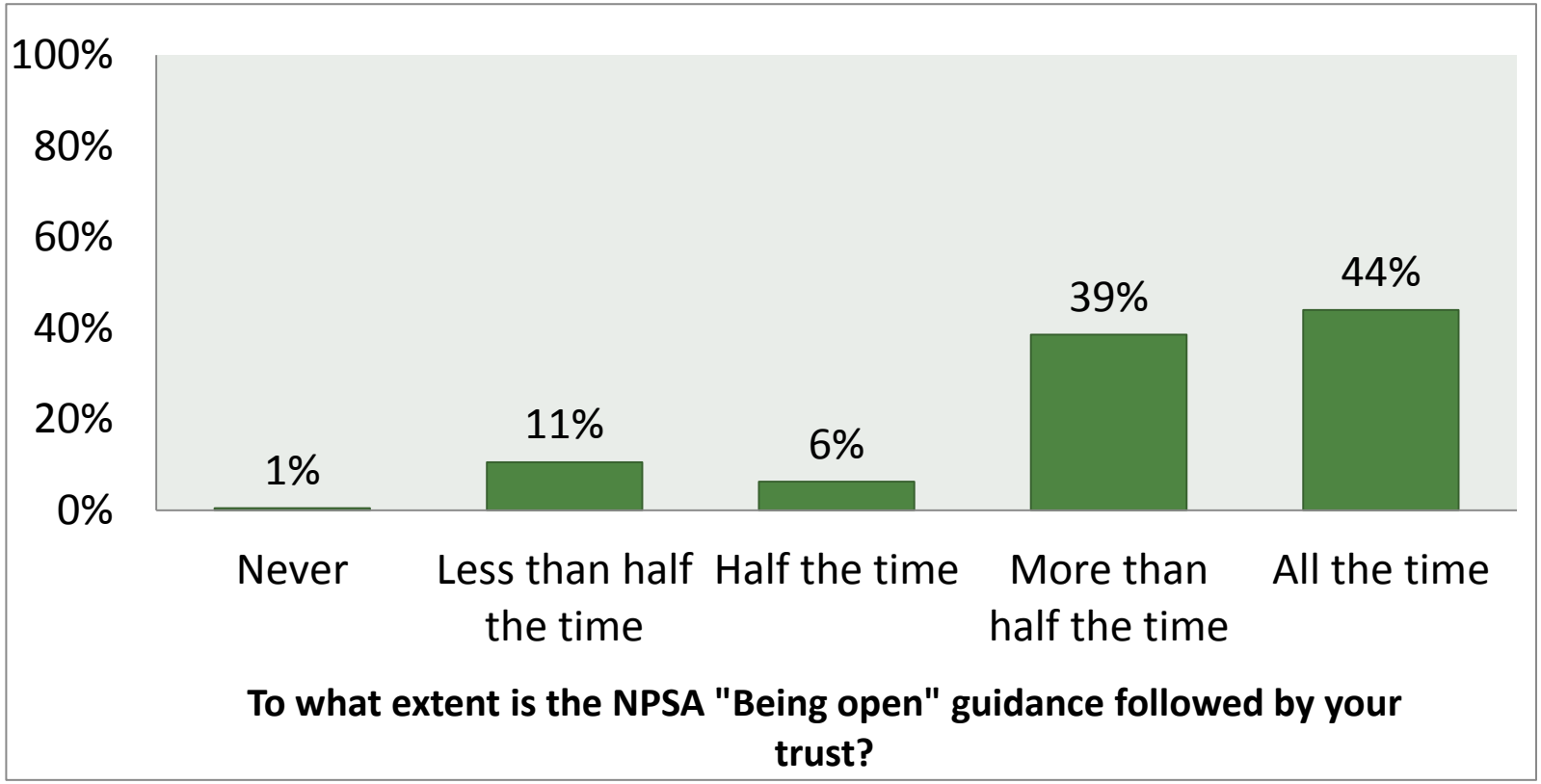
Questionnaire

- Availability of **policies**
- Frequency and forms of **being open**
- Availability & forms of **support for patients /**families
- Availability & forms of **support for staff**
- **Barriers** of being open

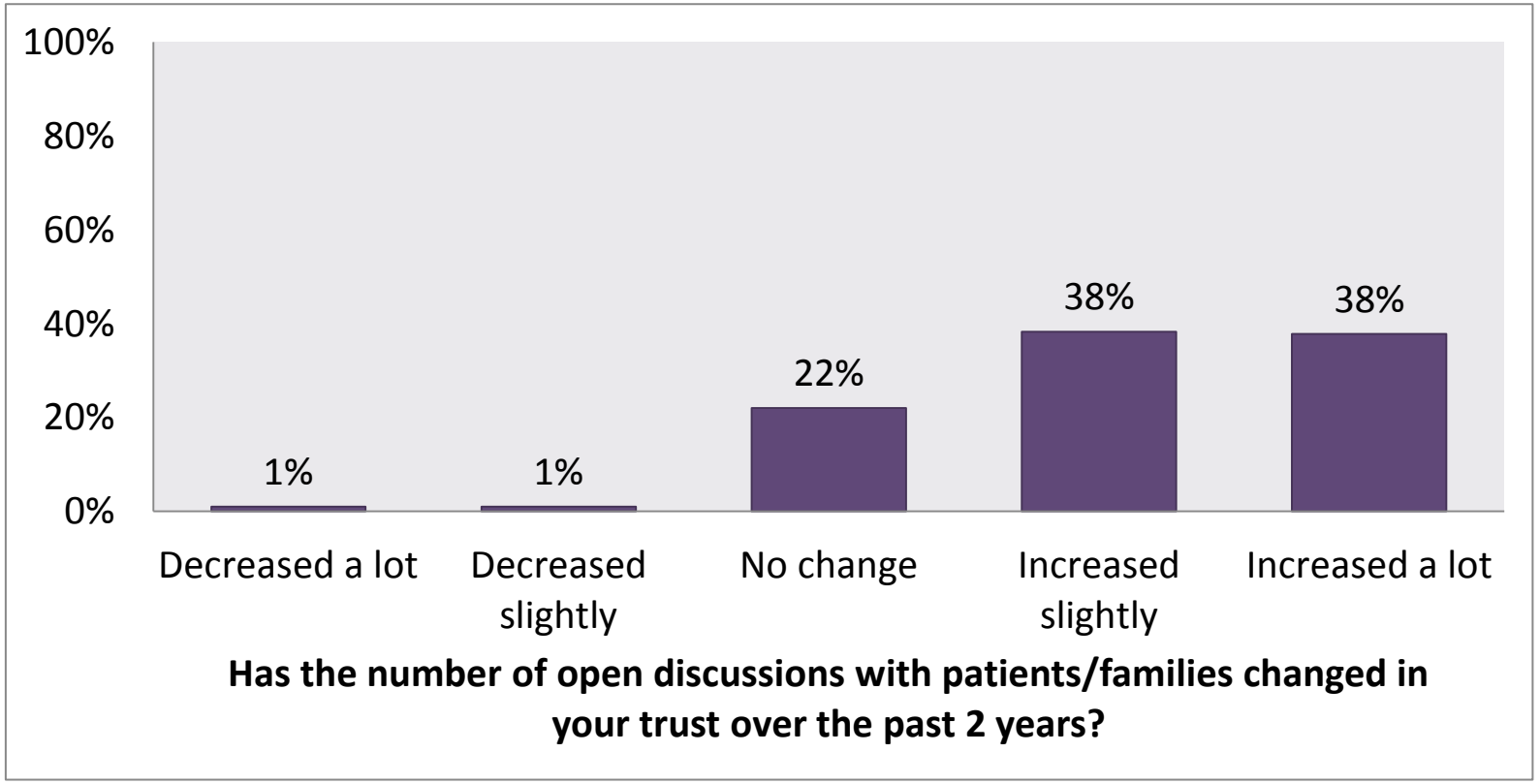
Participant characteristics

Participant characteristics	N (209)	%
Trust type		
Acute Trusts	100	47.8
Ambulance Trusts	8	3.8
Mental Health & Learning Disabilities Trusts	29	13.9
Primary Care Trusts	58	27.8
Other	14	6.7
Foundation status		
Yes	76	36.4
No	133	63.6
Professional background		
Nursing	86	41.1
Medicine	2	1.0
Law	4	1.9
Management	66	31.6
Other	51	24.4

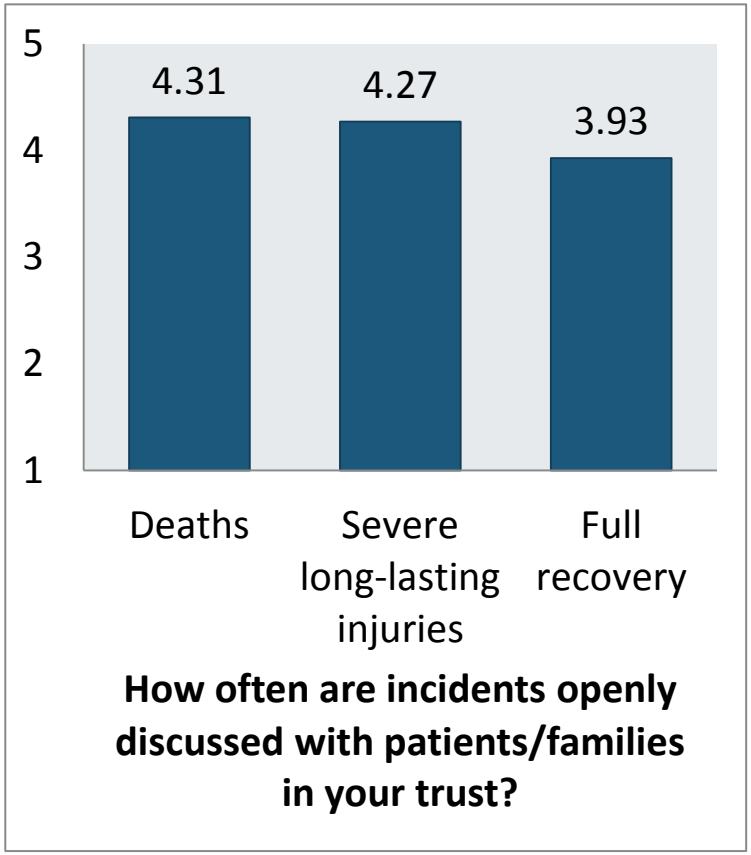
Being Open


100%
80%
60%
40%
20%
0%
1%
11%
6%
39%
44%
Never
Less than half the time
Half the time
More than half the time
All the time
To what extent is the NPSA "Being open" guidance followed by your trust?

Being Open


100%
80%
60%
40%
20%
0%
1%
1%
22%
38%
38%
Decreased a lot
Decreased slightly
No change
Increased slightly
Increased a lot
Has the number of open discussions with patients/families changed in your trust over the past 2 years?

Incident severity



- Significant effect of incident severity [F (1.46, 22.11) = 25.06, *p<.001*]
- Incidents with **full recovery** are openly discussed significantly less often than incidents that lead to death (***p<.001***) or severe long-lasting disability (***p<.001***)

Structure of “being open” meetings

Structure of “being open” meetings	N	%
Parties involved		
Executive director(s)	125	79.1
Clinical person involved in investigation	97	61.4
Clinical person involved in incident	45	28.5
Non-clinical person involved in investigation	113	71.5
Risk manager(s)	103	65.2
Timeframe		
Within 24 hours	25	16.3
Within 1-3 weeks	23	15.0
Straight after the investigation	1	0.7
3-6 months after the investigation	95	62.1
Other	9	5.9
Regularity		
One-off meeting	22	10.5
2-3 meetings	42	20.1
> 3 meetings	76	36.4
As many as the patient/family wish	46	22.0
Other	22	10.5

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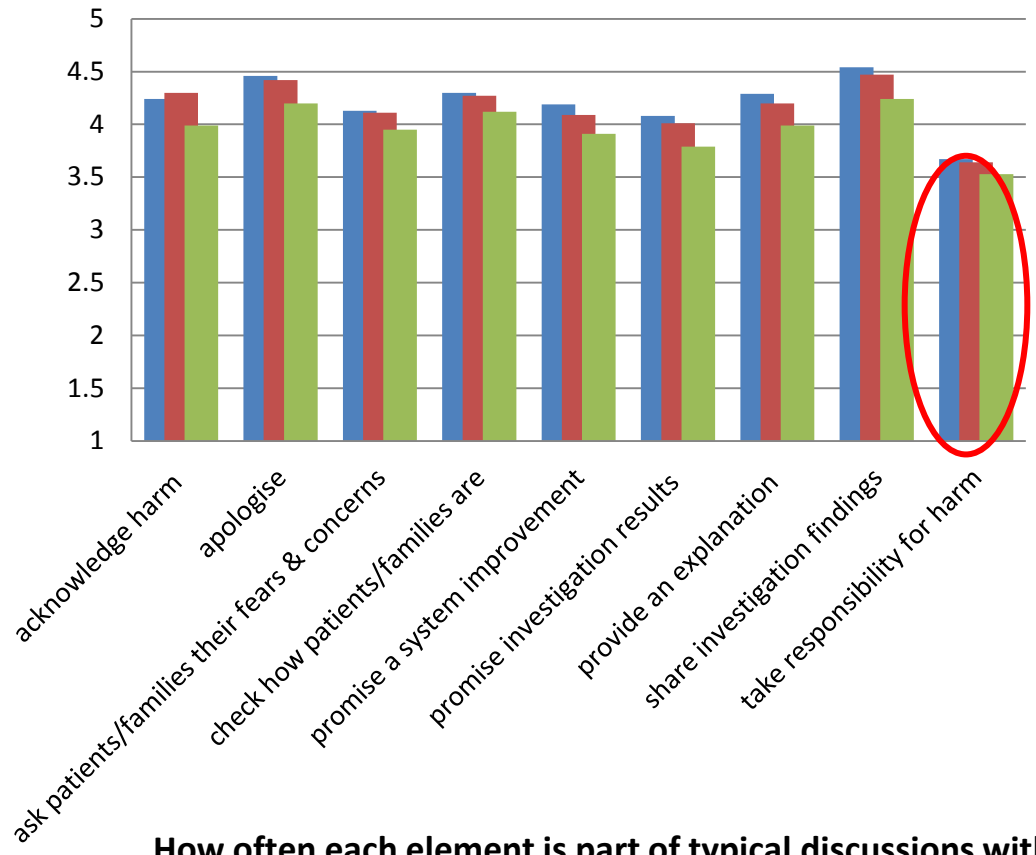
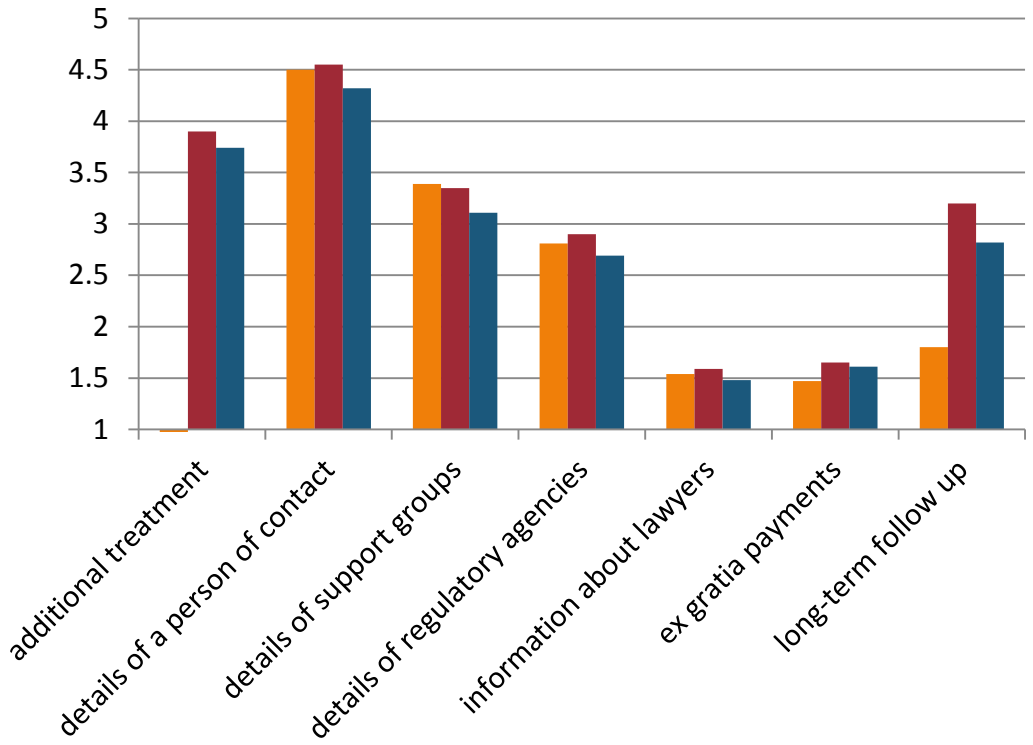
Typical discussions with patients/families



Significant effect of **incident severity** (***p<.001***)

How often each element is part of typical discussions with patients/families?

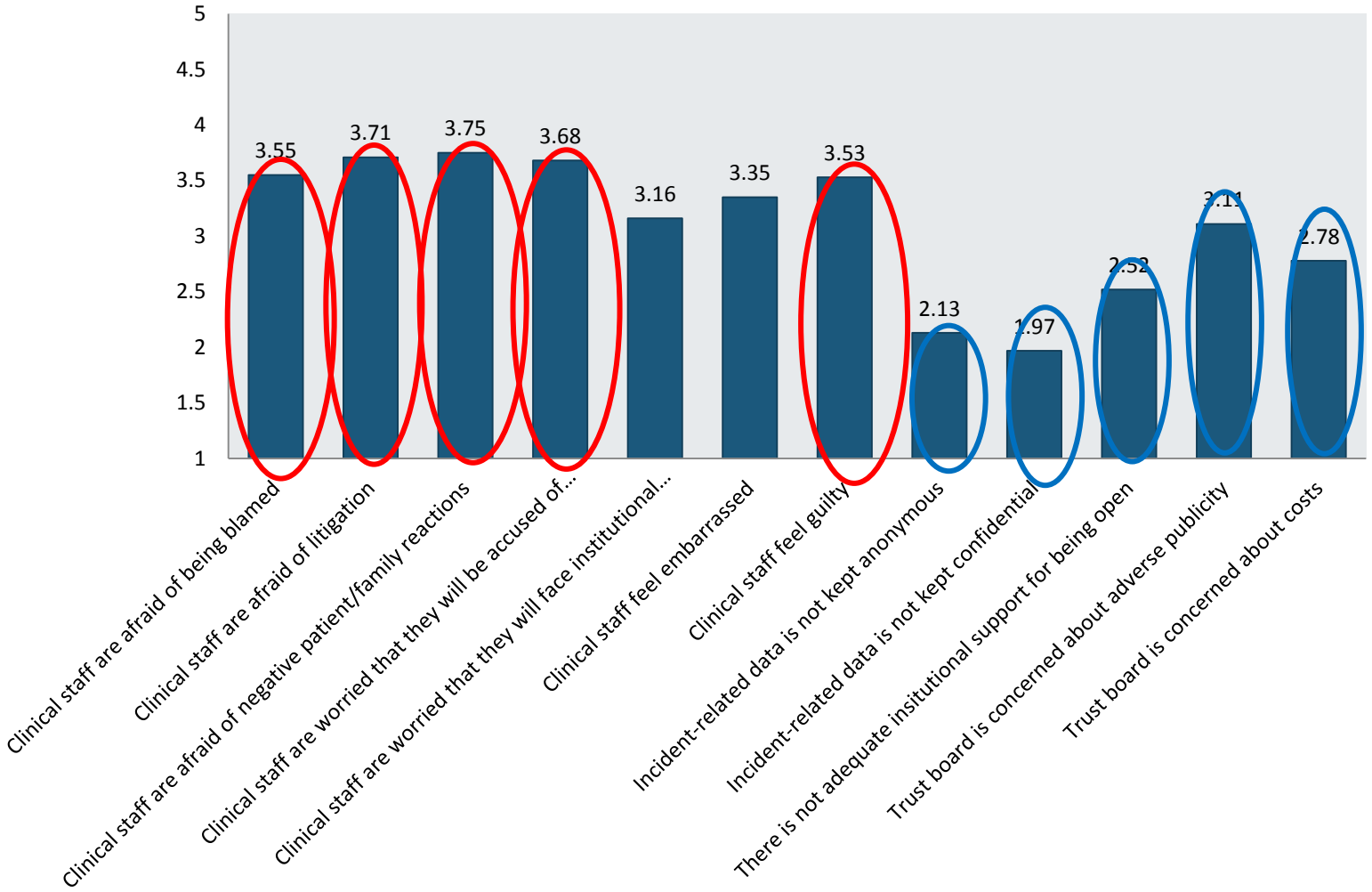
Support for patients/families



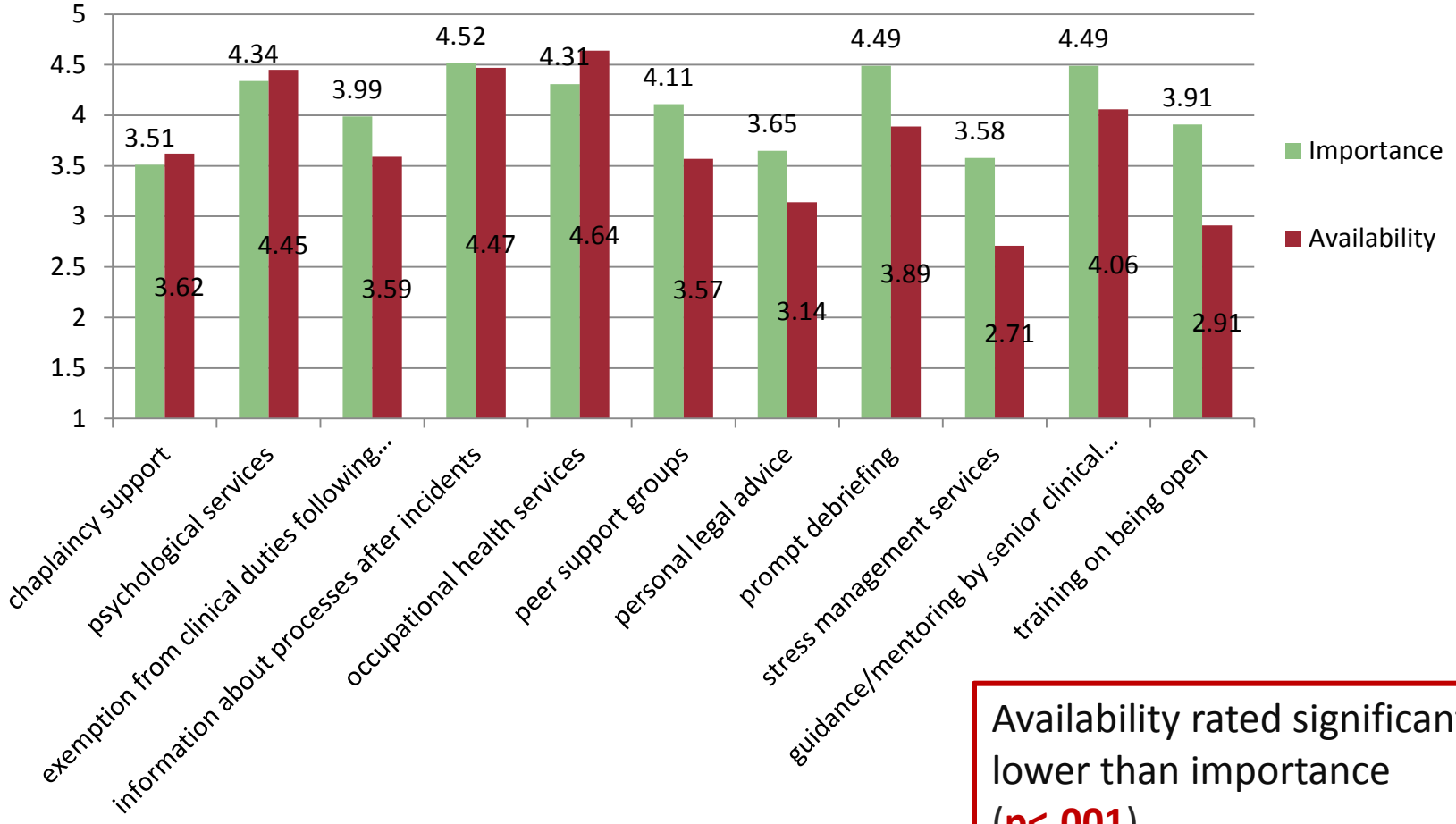
Significant effect of **incident severity** (**p<.001**)

How often each of the listed actions are taken after serious patient safety incidents?

Barriers of being open



Support for staff



Availability rated significantly lower than importance (**p<.001**)

Conclusions

- Awareness of importance of being open is high in NHS Trusts
- ‘Taking responsibility for harm’, ‘prompt and timely information’, ‘follow-up support’ do not happen routinely
- Trusts reluctant to be open when incidents do not lead to severe harm
- Clinical staff’s fears overestimated vs. organisational barriers
- Support for staff is recognised as important but availability is low
- Research on what patients’ and staff’s preferences for support

Group discussion

- Institutional support for staff in then NHS
  - Is there adequate support for NHS staff after serious patient safety incidents?
  - What support structures exist?
  - Which ones healthcare staff value most?
  - How could support for staff be improved?

Surgical complications:

Implications for surgeons' wellbeing

Impact of adverse events on staff

- Intense emotional distress
- Higher risk for burn-out and depression
- Reciprocal cycle of symptoms ➔

  suboptimal patient care and error

(Schwappach et al., 2008; Sirryeh et al., 2010)

Surgical complications

- Operating room: one of the highest risk areas for serious medical incidents (Leape et al., 1991; Gawande et al., 1999)
- Profound consequences for patients and surgical teams (Vincent et al., 1993)
- Sense of direct responsibility for surgical outcome (Shanafelt et al., 2010; Pierluissi et al., 2003)
- Surgical complications more likely to be associated with a complaint (Murff et al., 2006)

An interview study

How do surgeons feel about their complications?

Study aims

- How surgeons are **affected**
- How they **cope** with their consequences
- How they would like to be **supported**
- How their **interaction with patients** is affected

Methods

- Sample: **27** general and vascular **surgeons** (consultants & senior registrars) of 2 NHS trusts in London
- Semi-structured **interviews**
- Grounded theory (Glaser & Strauss, 1967)

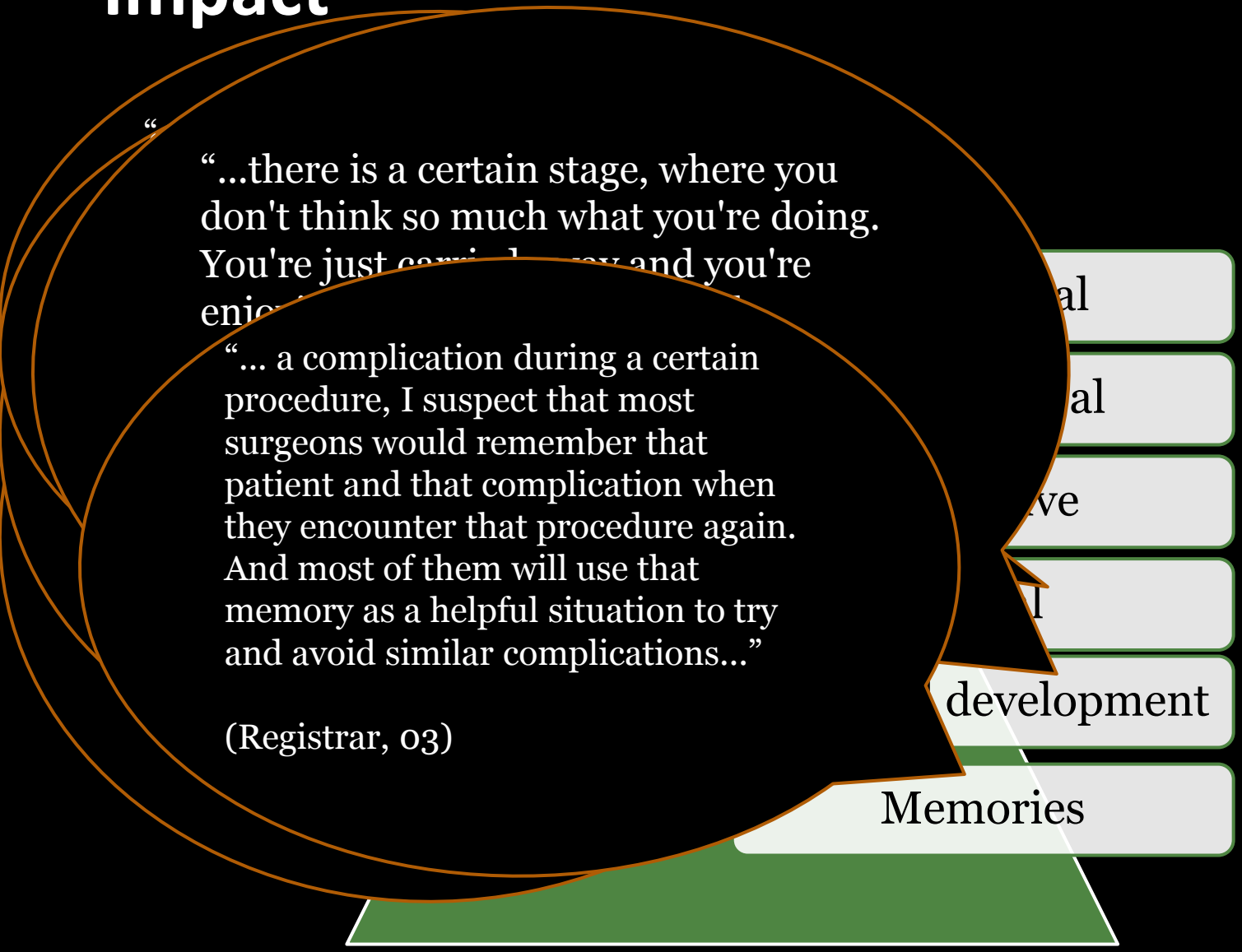
Overarching themes

- Personal and professional impact
- Factors affecting intensity of reactions
- Coping
- Support
- Institutional culture
- Communication with patients and families
- Patient/family reactions
- Patient support structures

Impact

Themes	Sub-themes	N (%)
Emotional Impact		
	Guilt	15 (55%)
	Crisis of confidence	8 (30%)
	Worry about one's reputation	8 (30%)
	Worry for the patient	6 (22%)
	Anger	6 (22%)
	Anxiety	6 (22%)
	Disappointment	3 (11%)
	Sadness	3 (11%)
Behavioural Impact		
	Surgical practice is affected (e.g. more conservative, risk-adverse)	18 (67%)
	Increasing efforts to improve	4 (15%)
	Becoming aggressive	4 (15%)
Cognitive Impact		
	Rumination	6 (22%)
	Reflection on what went wrong	6 (22%)
	Loss of concentration	3 (11%)
Social Impact		
	Interference with personal life	6 (22%)
	Relationships with colleagues are enhanced	3 (11%)
Other Impact		
	Learning	11 (40%)
	Physical reactions	2 (7%)

Impact


"...there is a certain stage, where you don't think so much what you're doing. You're just
and you're
"... a complication during a certain procedure, I suspect that most surgeons would remember that patient and that complication when they encounter that procedure again. And most of them will use that memory as a helpful situation to try and avoid similar complications..."
(Registrar, 03)
al
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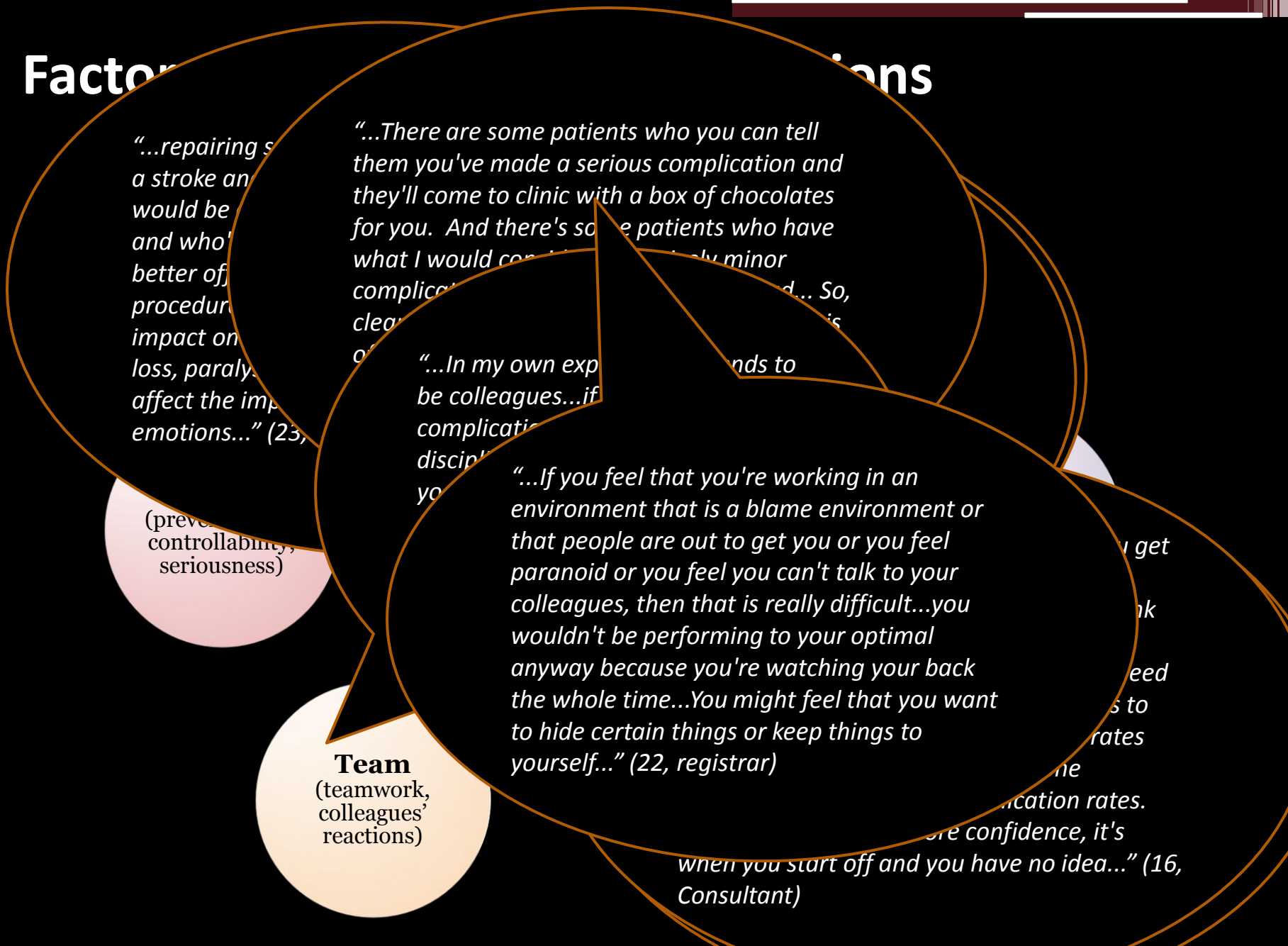
ve
l
development
Memories

Factors of impact

Themes	Sub-themes	N (%) of participants
Case-related		
	Expected vs. unexpected complications	18 (66%)
	Preventable vs. less preventable complications	16 (59%)
	Elective vs. emergency surgery	8 (30%)
	Intra-operative vs. post-operative complications	6 (22%)
	Life-saving vs. lifestyle surgery	3 (11%)
Surgeon-related		
	Personality	21 (78%)
	Experience	21 (78%)
	Self-confidence in surgical technique or decision-making	10 (37%)
	Level of responsibility on the case	7 (26%)
	Other personal troubles	5 (18%)
	Management of complication	3 (11%)
	Sense of responsibility to the patients	2 (7%)
	Personal expectations about the outcome	2 (7%)
Patient or family-related		
	Patient outcome	17 (63%)
	Patient/family reactions	13 (48%)
	Empathy with patient	9 (33%)
Team-related		
	Colleagues' reactions	9 (33%)
	Support during/after surgery	4 (15%)
Institution-related		
	Blame culture	10 (37%)
	Teamwork structures	4 (15%)
	Other support structures	2 (7%)
	Quality of training	2 (7%)

Factor ions


"...repairing s
a stroke an
would be
and who'
better of
procedur
impact on
loss, paraly
affect the imp
emotions..." (23,
(preve
controllability,
seriousness)
"...There are some patients who you can tell them you've made a serious complication and they'll come to clinic with a box of chocolates for you. And there's so e patients who have what I would co ly minor
complica d... So,
clea
o
"...In my own exp nds to be colleagues...if
complicati
discip
yo
"...If you feel that you're working in an environment that is a blame environment or that people are out to get you or you feel paranoid or you feel you can't talk to your colleagues, then that is really difficult...you wouldn't be performing to your optimal anyway because you're watching your back the whole time...You might feel that you want to hide certain things or keep things to yourself..." (22, registrar)
Team
(teamwork, colleagues' reactions)
get
nk
eed
s to
rates
ne
ication rates.
re confidence, it's
when you start off and you have no idea..." (16, Consultant)

Coping

Themes	Sub-theme	N (%)
Problem-focused coping		
	Discu	25 (92%)
	De	7 (63%)
	F	10%)
		5%)
		2%)
	U	8%)
	Ove	(7%)
	Co	%)
Emotion-focused coping		
	Rationa	%)
	Seeking	%)
	Being op	%)
	Getting o	5%)
	Disassociat	22%)
	Alcohol	4 (15%)
	Distracting one's	4 (15%)
	Internalising	3 (11%)
	Acceptance	3 (11%)
	Blaming other factors	3 (11%)
	Self-blame	2 (7%)
	Carrying on	2 (7%)
	Becoming authoritative	2 (7%)

"...It's like train drivers, somebody jumps out in front of the train, and the train driver kills them...in my logical mind that's part and parcel of the job. They've driven the train, they're always going to be driving the train down that track...it's fate that someone jumped out in front of them. And complications are a little bit like that person jumping out. You don't see it coming, you don't want it to happen. It's part of your job, you need to be able to pick yourself up and get on with it..." (23, Registrar)

...bility for it, what I could have done differently...You do that quite quickly even on the way home..." (Registrar, 05)

Support

Themes	Sub-themes	N (%)
Available support		
	Peers	(26%)
	Senior s geons	
	Close o e. partners, fa	
	Institut M&M m	
	Psychol nse	
Inadequate support		
	Institut	
	C	
Barriers to seeking support		
Ideas for improvin		
		11 (40%)
		10 (37%)
		8 (30%)
		8 (30%)
	St cations	8 (30%)
	Open forums f plications	7 (26%)
	Structured debriefing sessions	5 (18%)
	Peer support groups	5 (18%)
	Complications-related training	4 (15%)
	Resources to release surgeons from pressure	3 (12%)

"..The problem with the mentoring system is that a mentor is only really there if you've kind of known each other come up through the ranks and then a mentor is a very natural mentor. And if it's not that way, then you haven't really got a mentor; you've just got somebody else that you should take that complication to and you don't know how they're going to react to it and whether or not they're actually supportive of it or ridicule you slightly for it.." (01, Consultant).

"...they [colleagues] to make sure that d you are dealt wit or relief off yo et you co on sorting everything out from that n that you made..." (2, consultant)

Institutional culture

Themes	Sub-themes	N (%)
Institutional culture		
	Blame	8(30%)
	Lack of openness	6(22%)
	Manage not supportive	5(18%)
	Gossip	4(15%)
	Punitive respo	
Morbidity & Mortality meetings		mber of
	Not r	
	Not c	
	Excus	
	Profess	

"...morbidity and mortality meetings are supposed to be a forum where you can have an open discussion..but actually that's just nonsense, if anyone believes that they're only kidding themselves, everybody in that room is very defensive and aggressively pursues an angle that puts them in the best possible light and professional rivalries exist, I don't find them sort of cathartic forums for saying look that was just terrible wasn't it..."(07, Registrar)

Conclusions

- Range of emotions, such as guilt, anxiety and anger
- Surgeons' practice is influenced not always in the best interest of patients
- Multiple factors affecting intensity of reactions (preventability, severity, coping, experience)
- Strong blame cultures
- Value in structures such as better mentoring, more formal teamwork structures and more open forums

Summary

- How well is the NHS managing the aftermath of patient safety incidents?

- Ideas for future improvements?

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