

THE FACES OF MEDICAL ERROR... *from tears to transparency*

The Story of Michael Skolnik

**EDUCATIONAL SUPPORT
MATERIALS**

THE FACES OF MEDICAL ERROR...
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Educational Objectives



By the end of the film, viewers will be able to:

- 1.) Describe why transparency begins with the first conversation between doctor and patient.

Educational Objectives



2.) Define characteristics of, and differences between, Informed Consent and Shared Decision-Making.

Educational Objectives



3.) Describe how Shared Decision Making is critical to transparent, patient-centered care and how it can improve outcomes while reducing medical liability and overuse of care

Educational Objectives



4.) Appreciate that shared decision-making is a process, not an event, requiring modifications and regular updates that reset patient expectations.

Educational Objectives



5.) Understand the value of having family members or friends present during informed consent and shared decision-making conversations.

INFORMED CONSENT

What mechanisms, processes or tools can health care institutions and caregivers employ to meet informed consent needs?

REINFORCE UNDERSTANDING OF INFORMED CONSENT

What can caregivers do to increase the likelihood that patients will understand the proposed treatment along with its risks, benefits and alternatives?

REINFORCE UNDERSTANDING OF INFORMED CONSENT

What role can family and friends play in helping patients make important health care decisions that are aligned with their needs, values, preferences and goals?

COMPETENCE

How can health care institutions and caregivers maximize patient and family awareness and understanding during informed consent discussions?

COMPETENCE

What processes can be put in place to confirm patients are fully competent when participating in informed consent conversations?

SHARED DECISION-MAKING

How can caregivers evolve from engaging in informed consent events to shared decision-making conversations with patients and their families?

SHARED DECISION-MAKING

How can health care institutions and caregivers ensure patient and family care expectations are re-assessed and updated on an ongoing basis as their treatment plan progresses?

LEADERSHIP

How can health system leaders foster a patient-centered, shared decision-making culture within their organizations?

LEADERSHIP

What systems changes can be employed by leadership to model a shared decision-making approach to informed consent?

Learning Opportunities for Caregivers



- Definition of Informed Consent
- Value of shared Decision-Making
- Importance of second opinions
- Appreciate the value informed patients and families bring to caregivers while lowering risk.

National Quality Forum (NQF)

Safe Practices for Better Healthcare



TRANSPARENT HEALTH

Safe Practice 1:

Leadership Structures and Systems

Safe Practice 3:

Teamwork Training and Skill Building

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TRANSPARENT HEALTH

Safe Practice 4:

Identification and Mitigation of Risks and Hazards

Safe Practice 5:

Informed Consent

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TRANSPARENT HEALTH

Safe Practice 5:

Informed Consent

Safe Practice 7:

Disclosure

Safe Practice 8:

Care of the Caregiver



Safe Practice #1:

Leadership Structures and Systems

Leadership structures and systems must be established to ensure that there is organization-wide awareness of patient safety performance gaps, direct accountability of leaders for those gaps and adequate investment in performance improvement abilities, and that actions are taken to ensure safe care of every patient served.



Safe Practice #3:

Teamwork Training and Skill Building

Healthcare organizations must establish a proactive, systemic, organization-wide approach to developing team-based care through teamwork training, skill building, and team-led performance improvement interventions that reduce preventable harm to patients.

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Safe Practice #4:

Identification & Mitigation of Risks & Hazards

Healthcare organizations must systematically identify and mitigate patient safety risks and hazards with an integrated approach in order to continuously drive down preventable patient harm.

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Safe Practice #5: Informed Consent

Ask each patient or legal surrogate to “teach back”, in his or her own words, key information about the proposed treatments or procedures for which he or she is being asked to provide informed consent.

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TRANSPARENT HEALTH

Safe Practice #7

Disclosure

Following serious unanticipated outcomes, including those that are clearly caused by systems failures, the patient and, as appropriate, the family should receive timely, transparent, and clear communication concerning what is known about the event.



Safe Practice #8:

Care of the Caregiver

Following serious unintentional harm due to systems failures and/or errors that resulted from human performance failures, the involved caregivers should receive timely and systematic care to include: treatment that is just, respect, compassion, supportive medical care and the opportunity to fully participate in event investigation and risk identification and mitigation activities that will prevent future events.

Informed Consent

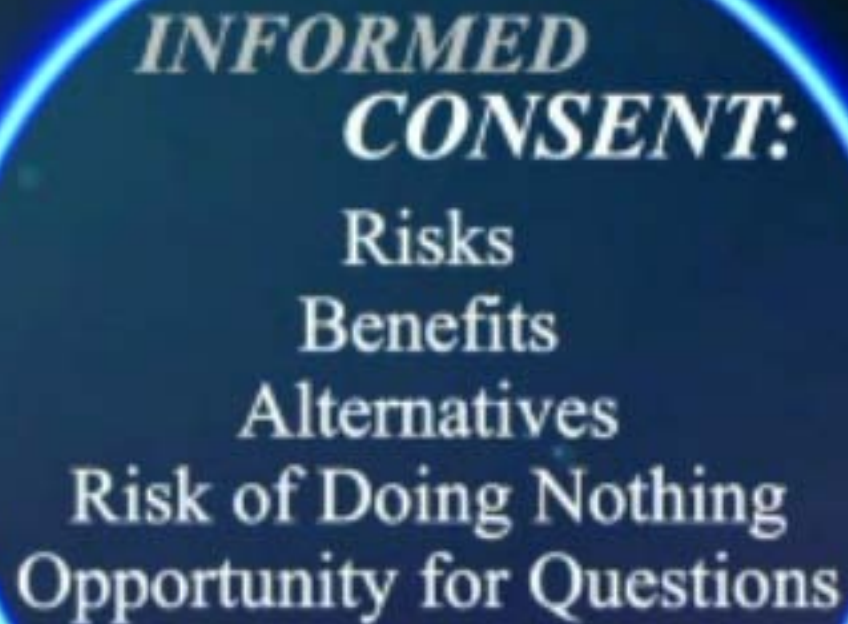
INFORMED CONSENT:

1. Patient or their designee must be competent at the time of the discussion.

INFORMED CONSENT:

2. Once competence has been determined, there must be an accurate description of the proposed treatment or procedure, and who will be performing it.

Shared Decision-Making



***INFORMED
CONSENT:***

- Risks
- Benefits
- Alternatives
- Risk of Doing Nothing
- Opportunity for Questions

Shared Decision-Making

SHARED DECISION-MAKING

Informed Consent Plus
Identify Patient Needs,
Preferences, Values, Goals,
Discuss Uncertainties, Experience,
Costs, Two-way Conversation

INFORMED CONSENT:

Risks
Benefits
Alternatives
Risk of Doing Nothing
Opportunity for Questions

CMS Conditions of Participation ***[Survey Procedures §482.51 (b)(2)]***



- 1. Verify that the hospital has assured that the medical staff has specified which procedures are relevant and require a properly executed informed consent form.**

CMS Conditions of Participation ***[Survey Procedures §482.51 (b)(2)]***



- 2. Verify that the hospital's informed consent policies address the circumstances when a procedure would be considered an emergency and thus not require an informed consent form be placed in the medical record prior to the procedure**

CMS Conditions of Participation ***[Survey Procedures §482.51 (b)(2)]***



- 3. Review a minimum of six medical records of procedural patients and verify that they did not involve emergency procedures and that they contain informed consent forms that were executed prior to the procedure. When possible, review medical records of patients who are about to undergo procedures, or who are located in a procedural recovery area.**

CMS Conditions of Participation ***[Survey Procedures §482.51 (b)(2)]***



- 4. Interview two or three post-procedural patients, as appropriate based on their ability to provide a cogent response, or the patients' representatives to see how satisfied they are with the informed consent discussion prior to their procedure.**

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