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Original Research

Disclosing large scale adverse events in the US Veterans Health Administration: lessons from media responses[☆]



E.M. Maguire^{a,*}, B.G. Bokhour^{a,c}, S.M. Asch^{d,f}, T.H. Wagner^{d,e,f},
A.L. Gifford^{a,c}, T.H. Gallagher^g, J.M. Durfee^h, R.A. Martinello^{h,i},
A.R. Elwy^{b,c}

^a Center for Healthcare Organisation and Implementation Research, Edith Nourse Rogers Memorial Veterans Hospital, 200 Springs Rd, Bedford, MA, USA

^b Center for Healthcare Organization and Implementation Research, VA Boston Healthcare System, 150 South Huntington Ave, Jamaica Plain Campus, Boston, MA 02130, USA

^c Department of Health Policy and Management, Boston University School of Public Health, 715 Albany Street, Boston, MA, USA

^d Center for Innovation to Implementation, VA Palo Alto Healthcare System, 3801 Miranda Avenue, Menlo Park, CA, USA

^e Health Economics Resource Center, VA Palo Alto Healthcare System, 3801 Miranda Avenue, Menlo Park, CA, USA

^f School of Medicine, Stanford University, 291 Campus Drive, Stanford, CA, USA

^g School of Medicine, University of Washington, 1959 N.E. Pacific St., Seattle, WA, USA

^h Office of Public Health, Clinical Public Health Program, 810 Vermont Avenue, NW, Veterans Health Administration, Washington, DC, USA

ⁱ School of Medicine, Yale University, Cedar Street, New Haven, CT, USA

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ABSTRACT

Objectives: We examined print, broadcast and social media reports about health care systems' disclosures of large scale adverse events to develop future effective messaging.

Study design: Directed content analysis.

Methods: We systematically searched four communication databases, YouTube and Really Simple Syndication (RSS) feeds relating to six disclosures of lapses in infection control practices in the Department of Veterans Affairs occurring between 2009 and 2012. We assessed these with a coding frame derived from effective crisis and risk communication models.

Results: We identified 148 unique media reports. Some components of effective communication (discussion of cause, reassurance, self-efficacy) were more present than others (apology, lessons learned). Media about 'promoting secrecy' and 'slow response' appeared in reports when time from event discovery to patient notification was over 75 days. Elected officials' quotes (n = 115) were often negative (83%). Hospital officials' comments (n = 165) were predominantly neutral (92%), and focused on information sharing.

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* Corresponding author. 200 Springs Road (152), Bedford, MA 01730 USA. Tel.: +1 781 687 3373.

E-mail address: Elizabeth.maguire@va.gov (E.M. Maguire).

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Conclusions: Health care systems should work to ensure that they develop clear messages focused on what is not well covered by the media, including authentic apologies, remedial actions taken, and shorten the timeframe between event identification and disclosure to patients.

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Introduction

On February 26, 2014, officials from the Department of Veterans' Affairs (VA) health care system faced congressional members of the House Veterans Affairs Committee to address questions regarding several large scale adverse events recently disclosed to patients at several medical facilities.¹ One of those facilities disclosed to approximately 700 patients that they may have a small yet possible risk of contracting human immunodeficiency virus (HIV) or hepatitis B or C as a result of improper insulin pen reuse on inpatient wards.² These actions prompted a neighbouring, private hospital to review their own insulin pen procedures. Finding similar problems, that hospital notified approximately 1900 patients of their potential risks.³ Both facilities offered remediation to potentially affected patients and attempted to restore trust, both individually and through the media. Media coverage of such disclosures reveals both the perceived actions of the health care systems and the responses of the media and the public to the manner of disclosure. Yet, it is not clear whether messages from the media reflect evidence-based, effective crisis and risk communication strategies. Many other health care organisation will face similar communication challenges in the future. This research on lessons from media responses to large scale adverse event disclosures in health care provides some direction for these communication challenges.

The unique challenges of large scale adverse event disclosures

Health care systems' disclosures of large scale adverse events are unique in that many patients are potentially exposed but few are truly at risk of injury or illness.⁴ Although much is known about disclosing clinical adverse events,⁵ very little research has been done to inform large scale adverse event disclosures to many patients.⁶ Large scale adverse events are often but not always infection control breaches, which present challenges for health care systems and public health officials alike because of the absence of known disease transmission.^{7,8} Contacting patients to inform them of these unknown yet significant infectious disease risks and requesting that they seek testing to rule out these risks is resource and labour intensive.⁹ The uncertainty of the disclosure may lead to distress and anxiety among patients and family members.⁴ Disclosures cannot happen overnight; records must be searched to determine who may have been impacted by the event,

contact information must be obtained and checked for accuracy, and communication plans need to be drafted and approved.

Examining media reports may help health care systems develop messages

In several cases, while health care systems were working to achieve disclosure, information on the large scale adverse events was leaked to the media, and thus, the disclosures of the event came from the media instead of the health care systems. The media is a potential information source for patients¹⁰ and other stakeholders of health care systems,¹¹ but it may also serve as a conduit for emotional reactions such as fear, worry, distress and anger.^{11,12} Information on how messages about these large scale adverse events are constructed and delivered by the media will assist organisation in developing their own messages to counter or confirm reported risk perceptions. For example, in 1982, Johnson & Johnson successfully used the media to deliver clear, personal response information to consumers quickly, such as throwing out bottles of Tylenol in their homes.¹³ In a recent Legionnaire's related incident, one hospital's leadership was not able to clearly communicate the level of risk, the number of people impacted or the facility's follow-up actions. As a result, the media reported on the lack of information about the event from officials, which often led to significant concerns for patients and families.¹⁴

Methods

VA mandates incident reporting and disclosure of clinical and large scale adverse events to patients who have been harmed, including cases where the harm may not be obvious or severe, or where the harm may only be evident in the future.¹⁵ We chose VA large scale events for our directed content analysis because of VA's commitment to full disclosure and the opportunity to track multiple events across the health care system on both a local and a national level. Below we carefully outline our approach to this study in accordance with established guidelines.¹⁶

Theoretical framework and analytic approach

We used a directed content analytic approach in order to ascertain the extent to which media reflect aspects of the crisis and risk communication.

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