

MANAGING THE APOLOGY IN OPEN DISCLOSURE DISCUSSIONS

When things go wrong during a patient’s healthcare journey, for whatever reason, a genuine apology or expression of regret delivered in a manner which is empathic is always appropriate.

The Components of an Apology

1: Acknowledgement	Show awareness of the issues raised by the patient / relevant person and the impact this event has had on them. This will include physical, emotional, social and financial implications. It is important to be clear on what you are apologising for.
2. Explanation	Provide a factual explanation – do not speculate – do not cast blame onto others.
3. Apology	This should always include the words “I am sorry”. The apology must be sincere and empathic. It must be personal to the individual and the situation. It is important that the apology is given in a timely manner and that it is delivered by the right person.
4: Reassurance:	It is important to reassure the person affected. Let them know that their care/treatment will continue and acknowledge what learning has occurred. Discuss the action taken to reduce the risk of recurrence.
5: Reparation	The type of reparation required will vary depending on the type of incident. A key part of the apology is making amends and if possible putting the situation right. Agree an action plan with the patient/relevant person to address the concerns raised. Inform them of any quality improvement initiatives put in place as a result of the incident. Update the patient / relevant person about the progress made with any agreed actions or recommendations.

Table 1: The Components of an Apology

The Delivery of an Apology

Saying sorry requires great care. There are many things to consider when apologising to a patient/relevant person such as:

When	The timing of the apology is critical. An apology should happen as soon as possible. This may include an acknowledgement of what has happened and the impact on the patient in addition to and an initial expression of regret until all the facts relating to the incident are known. A sincere and full apology, as appropriate, should be provided at a later stage when all the facts are available.
Who	It is important that the apology is delivered by the right person. The person delivering the apology may vary, depending on the seriousness of the incident. The expectations of the patient/relevant person will also be considered. Some people may want the most senior person responsible for their care to apologise to them. This may be the case even if he/she was not involved in the incident. Others may wish the person involved in the incident or the manager of the service to apologise. It is important to establish the expectations of the patient/relevant person.
Where	It is important to have a confidential environment with a reduced risk of disturbance. Phones or bleeps should be switched off or on silent. Aim to have comfortable surroundings, drinking water and other refreshments available if needed. Remove barriers such as large tables if possible to allow an equal two way discussion. Consider having the meeting off site if requested by the person or if bringing them back to the service would cause them further distress. Consider access requirements as appropriate e.g. disability requirements.
How	It is important initially to invite and listen to the person’s understanding of the incident and how they have been affected both clinically and personally by what happened. The apology should be provided to the person directly affected by the incident, if possible. The language used in an apology is very important. It should be clear to the person what you are

apologising for. An apology should always include the words “I am sorry”.

Avoid using words such as “but” or “however” as this will negate the first part of the sentence. The effectiveness of an apology or expression of regret depends on the way it is delivered. This includes tone of voice as well as non-verbal communication e.g. posture, eye contact and body language and sitting at the same level as the person. It is important to demonstrate empathy. An apology must be sincere and personal to the patient and the given situation.. A “stiff” or “insincere” apology may cause additional distress to the person and lead to further escalation of their distress or anger.

It is important to allocate sufficient time to ensure that the apology does not appear rushed. It is important to have the relevant communication aids or services present to assist in the communication process e.g. interpreter services.

Avoid using legal terminology such as negligence or liability. These are matters that are established in a court of law and therefore these terms should be avoided when communicating with patients/relevant person(s).

Table 2: The Delivery of an Apology

Expressing Regret

An expression of regret in relation to what has happened may be adequate at an early stage following a patient safety incident or complaint when all the facts relating to the situation are not yet established. It is important to reassure the patient/ relevant person that the matter will be investigated fully in an open, honest, transparent and timely manner.

Saying Sorry

- is a key component in the management of patient safety incidents and complaints and in bringing the situation to a satisfactory outcome.
- can minimise the harm to the patient and reduce the possibility of an incident leading to a complaint.
- is essential in helping the patient and relevant person to cope with what has happened and in their emotional recovery or closure following a traumatic event.
- assists staff in their recovery from the incident.

Examples of language used may include:

1. “I am very sorry that you have had this experience and for the distress or disappointment which this has caused you. I can see that you are upset”.

2. “I am so sorry that ... happened and for the distress this has caused you. This must be very difficult for you”.

3. “I am sincerely sorry that this has occurred. It is clear that something went wrong and we intend to investigate this fully”.

Apology following identification of an error or failure in care provided

If, following the review of the incident/complaint, the service is found to be at fault, i.e. the service failed to deliver an acceptable or expected standard of care or an error occurred, it is important to:

- Openly acknowledge this to the patient and/or their relevant person
- Provide a factual explanation and avoid being vague or speaking in a passive voice.
- Apologise sincerely for the identified failure(s) in care or error and for the harm, distress or disappointment caused as a result of this. Avoid blaming another service or clinician as not all facts may be known and this will undermine their confidence in the services.
- Provide reassurance in relation to their on-going care and treatment.
- Agree the next steps to be taken by the service to manage what happened and to reduce the likelihood of a recurrence of the event.
- Make reparation. A key part of the apology is making amends and if possible putting the situation right. See Table 1 above.
- Hearing the word 'sorry' in an apology or an expression of regret is very important to patients/service users who have been harmed and also to their family/relevant persons. However, any insincerity, real or perceived, can have the opposite effect. It is important to realise that people harmed during care are likely to have a heightened emotional sensitivity.

Examples of statements that may be used:

1. "We have now reviewed what happened/your complaint and I wish to acknowledge that we have identified failures in the delivery of your care/the care of your mother/father/son/daughter etc as follows(outline findings). I am so sorry that this has happened and I would like to offer you my sincere apologies on behalf of myself and my team for those failures which occurred and for the distress/upset that this has caused for you/your family"

2. "A review of your care has indicated that an error occurred – I am truly sorry about this and for the distress that this has caused for you. We will be taking steps to learn from this incident so that we can try to reduce the possibility of it happening again in the future"

Written apology:

It is good practice to provide a written apology to the patient and/or relevant person even after a verbal apology has been provided. A written apology which is personal and sincere can be very healing for the person involved. Some patients and /or relevant persons may request an apology in writing and this should be provided using the principles as outlined above.

References

1. Australian Commission on Safety and Quality in Healthcare: 2013 Saying sorry: A guide to apologising and expressing regret during open disclosure: Australian Open Disclosure Framework: Supporting materials and resources.

2. HSE and State Claims Agency: 2013. Open Disclosure: Communicating with Service Users and their Families following Adverse incidents in Healthcare.