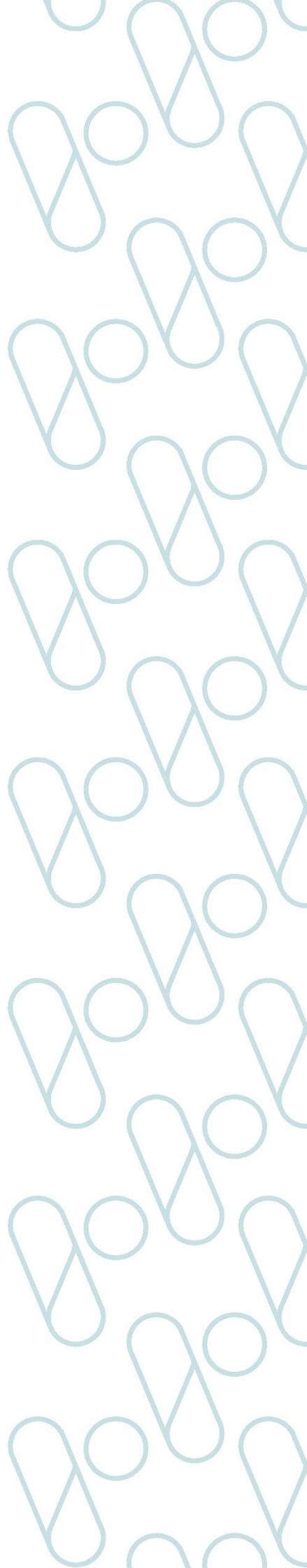
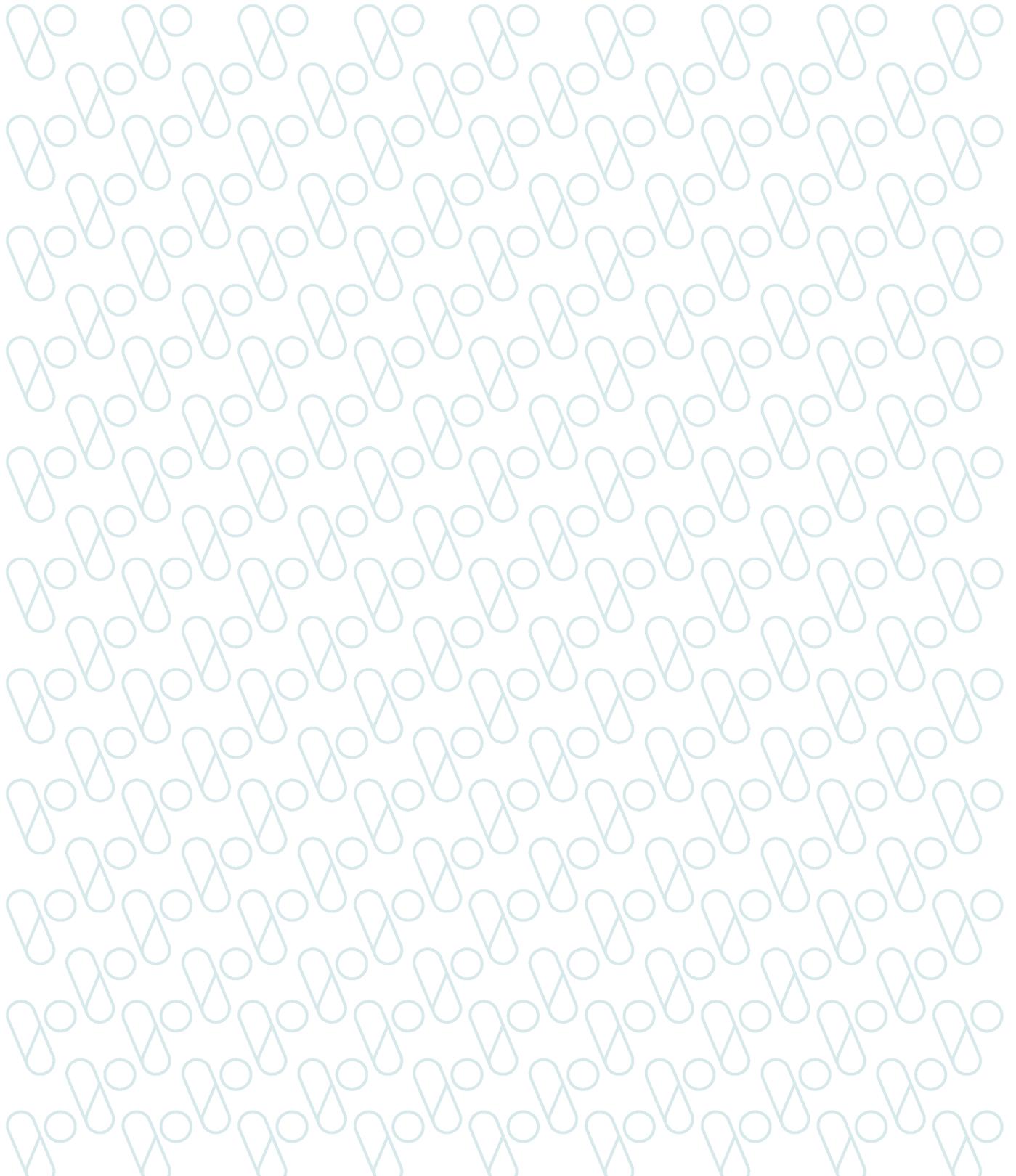


August 2019

Adverse event reviews

A guide for consumer
representatives





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About this guide

This guide is for healthcare consumer representatives. It outlines how you can help a health service review what happened after a patient is seriously harmed or dies under its care.

When **serious adverse patient safety events** occur, it is important the health service, the patient and their relatives/carers understand what happened. It is also an opportunity for the health service to learn from what went wrong and improve patient safety.

This is done through an **adverse event review**. The trigger for undertaking an adverse event review is generally the severity of the patient's outcome (serious harm or death). The outcomes from a review help to prevent similar events in the future and create a safer service for patients.

Health services undertake adverse event reviews by forming a review team, which should include a consumer representative. See **Appendix: review team member roles** to see who else is involved.

Consumer representatives have a formal engagement with a health service, for example as a volunteer or a committee member.

As a consumer representative, you can bring a vital perspective and voice to these reviews. You can help to ensure the patient remains at the centre of the review.

While it is an important part of the review process to engage and interview the affected patient, relatives or carers, this is different to having a review team member who is a consumer representative.

Consumer representatives are independent of the event being reviewed. That is, they cannot be the affected patient, their relative or carer, or have a professional or personal relationship with a person directly affected by the event under review. When these relationships exist, it can make it difficult to participate objectively and maintain confidentiality.

Terminology

Serious adverse patient safety event

An event in a health service that results in serious harm or death for a patient that may have been preventable.

Adverse event review

A review follows a method to analyse and learn what happened, how and why it happened, and what improvements can be made to avoid it happening again.

Consumer representative

A healthcare consumer who has taken up a role to provide advice to a health service on behalf of consumers, with the overall aim of improving healthcare.

How to read this guide

This guide is split into the following sections:

1. Deciding to be part of a review

The role of consumer representatives on review teams, what skills and knowledge are needed, and what to consider before joining a review team.

2. Preparing for a review

What you will be asked for, and what you will be given, to best prepare you for the review.

3. During and after a review

Raising and escalating concerns and accessing support.

Please ensure you are reading the most up-to-date version of this guide. Visit

www.bettersaferecare.vic.gov.au.

The role of Safer Care Victoria

Safer Care Victoria (SCV) oversees the sentinel event program in Victoria.

Sentinel events are adverse patient safety events that result in serious harm to, or death of, a patient.¹

Sentinel events are reported to SCV. We then support health services to form a team and connect with external members, and provide guidance on review methods and report writing.

Following the review, health services submit the final report outlining the findings and recommendations to SCV. This final report goes through a quality assurance process for feedback to the health service.

We share de-identified learnings through the sentinel events annual report. These reports are available at **www.bettersaferecare.vic.gov.au**.

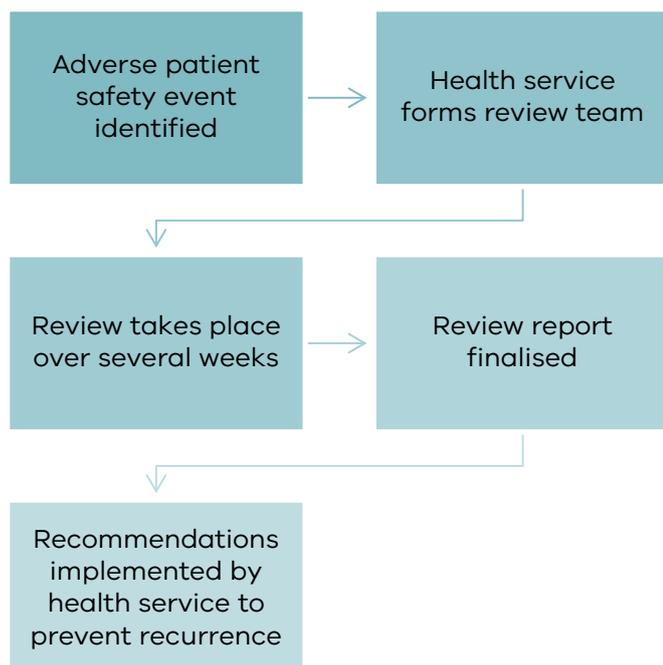
¹Australian Commission on Safety and Quality in Health Care, Australian sentinel events list, available at <https://www.safetyandquality.gov.au/our-work/indicators/australian-sentinel-events-list/>

Deciding to be part of a review

After an adverse event, the health service forms a small team of between four and six people to review it. The health service may ask you to be the consumer representative on the team. Consumer representatives are expected to contribute actively to the review as a full and equal member of the review team.

Participating in a review means examining information, listening to and collaborating with other team members, as well as actively contributing to discussions.

The review process at a glance



Why get involved?

Consumer representatives and health service staff such as clinicians and managers participate in reviews to help make health services safer.

Consumer representatives can share their experience and expertise as a user of a health service or the carer of a patient who is a service user.

What skills and knowledge are needed?

A consumer representative can challenge assumptions, reframe discussions, and provide a service user viewpoint. This is important because it can generate new lines of inquiry that may otherwise not have been considered.

Specific attributes that will make you an effective consumer representative include:

- strong advocacy and negotiation skills
- a good understanding of people
- a fair-minded, considerate, detail-driven and logical approach.

You do not need in-depth knowledge of healthcare, or the adverse event review process, when starting out. However, it helps to become familiar and comfortable with some concepts and principles before you begin (see: **Overview of the review method**).

Before deciding to take part in a specific review, you should consider four things: workload, access, content and potential conflicts of interest. This will help you decide if participating in the review is right for you.

Workload

A review team usually meets three to five times (typically weekly) during the review process. You may also need to do some work between meetings.

Consider:

- how many meetings are planned, when will they be held and how long will they go for?
- might extra meetings be needed?
- how much work will be needed outside meeting times, such as background reading and emails?

Access

Check in advance that you will be able to access all meetings and other review activities.

Consider:

- location of meetings
- videoconferencing
- how review information will be accessed, for example by email or an online platform
- travel options, including availability of public transport or parking, and health service policy on taxi fare reimbursement
- disability access (if relevant).

Content

When you are approached to be part of a review team, ask for a brief description of the event. That way, you will know of any factors or circumstances involved that you might find especially distressing. In some cases, this might also help you identify conflicts of interest.

Conflicts of interest

Consider if you have a personal or professional conflict of interest in the review. For example, you might know a patient or staff member directly involved in the incident being reviewed.

Please tell the health service as soon as possible if you become aware of a conflict of interest before or during the review. If you have a conflict of interest, you may need to be excluded from the review, as it may adversely influence (or be seen to influence) your objectivity.

If you are unsure if something is a conflict of interest, talk to the health service.

Caution

Review teams see and hear potentially upsetting information. The details of an adverse event may sometimes remind us of our own experiences which may trigger memories that are upsetting. Consider if there are any types of adverse events you wish to avoid reviewing. For example, reviews that involve particular conditions, age groups, or causes of death.

Ask the health service to keep a record of this information, so they don't ask you to take part in reviews you may find distressing.

Preparing for a review

Before your first team meeting, you will have to go through an onboarding process, and receive background information. You will also be given a key contact and support person to answer any questions you have. If the following processes don't occur, please follow up with the facilitator or team leader.

Onboarding process

As part of the onboarding process, you may be asked to provide:

- your personal and emergency contact details
- a signed confidentiality agreement (see below)
- any potential conflicts of interest
- your bank account details (for payment).

Key contacts

You should be given details of key contacts including the facilitator and review team leader. You should contact these people in the first instance if you have any problems.

You should also be given the contact details of a designated support person who works for the health service but is not a part of the review team. You can speak to the support person about the review, and ask them for support and help if needed. It is okay to discuss the review in general terms, without disclosing confidential details.

Who is involved in a review?

The review team will include:

- executive sponsor
- team leader
- facilitator
- other team members, including consumer representatives, health service staff and external team members.

See **Appendix: Review team member roles.**

Payment

Consumer representatives, like other members of review teams, are entitled to be paid for their work. Suggested pay rates can be found via the link at www.bettersafecare.vic.gov.au/our-work/patient-participation-and-engagement/partnering-with-consumers/guide.

The health service should discuss payment and cost reimbursement with you before you join a review, including:

- how much you will be paid
- what out-of-pocket costs will be covered
- how and when you will be paid or reimbursed.

If the health service does not discuss payment with you, please raise it prior to the first review team meeting. If you wish to decline payment for your service on a review team, you can discuss this with the health service. Whether or not you chose to be paid, the health service should reimburse agreed expenses.

Background information

You should receive in advance:

- details about who is on the review team and their roles
- date, time and location of the first meeting
- information about accessing support services available to you via the health service
- documents and evidence related to the review.

If you are to be given access to documents and evidence via an online system, it is helpful to test this access well in advance of the first meeting.

Confidentiality

As part of the review, you will be given confidential information that you cannot share. As a general rule, assume all information you acquire through a review is confidential. This means you cannot discuss or share any information about the review beyond the review team. This is vital for the integrity of the review. There can also be serious consequences for sharing or misusing confidential information, including being dismissed from your role at the health service, or legal and financial consequences.

Confidentiality agreement

In most cases you cannot be part of a review team unless you sign a confidentiality agreement. This is a contract between you and the health service which sets out the rules for handling confidential information.

Please read the agreement carefully before signing. Ask questions if you do not understand it, need more information, or are uncomfortable with something.

Talk with your facilitator or team leader and agree on:

- whether you may tell people that you are involved in a review, and its general process (but not content)
- a process for documentation management.

Who can I talk to about the review?

- Other members of the review team, and your nominated support person.
- Your treating health professional (for example a psychologist or GP), if doing so is necessary to support your health and wellbeing.

Overview of the review method

There are various methods for analysing incidents. The most common is root cause analysis (RCA).

Below are some of the key concepts you will come across during a review. The review will follow a structured method and aims to answer:

- what happened and in what context
- how and why it happened
- what can be learned from the adverse event
- how systems of care can be improved.

Fact-finding

You will be given information about the adverse event. You may ask for extra documents or interviews to get a better understanding of how and why the event occurred. Information is analysed and discussed during team meetings.

Timeline

The review team will develop a timeline of events outlining what happened, when and in what context.

Critical events

Based on the timeline, you will be asked to help identify 'critical events'. These are the key times when doing something differently may have prevented or minimised an adverse outcome.

Contributing factors

As a team you will then analyse the factors that contributed to the adverse event and formulate recommendations to address them.

Report

The report represents a summary of the considerations, findings and suggestions for improvements made by the review team. As a review team member, you will be given the chance to read and suggest edits to the final report.

During and after a review

The review team meets between three and five times throughout the review process. In these meetings, a significant part of your role as a consumer representative is to challenge assumptions and provide a service user view point.

What if I become concerned about something?

During the review there may be times when you feel concerned. Some concerns you have might include the following.

Unfamiliar language and concepts

You are likely to come across language, abbreviations and concepts which are unfamiliar.

The facilitator and team leader should remind the team to avoid or explain complex/technical language. If this doesn't happen, please ask for explanations to help you understand.

What if I feel I am not being listened to?

Team members respectfully challenging each other is an important and normal part of the review process. This is how different view points are raised.

As a review team member, you are entitled, and expected, to contribute actively to the review process – to speak up, and to be heard. In turn, your contributions should be respected and taken seriously by the other members of the review team.

The facilitator and team leader should clearly communicate, model and uphold the expectation that all team members bring value to the team, and should be listened to and treated with respect.

What if I am concerned about how the review is being conducted?

Sometimes, you may be concerned about the review process or direction (for example, you may feel that a safety issue is not being addressed). The facilitator and team leader should support the team to ensure the review process is robust, openly address differences of opinion, and explain the rationale behind decisions.

Escalating concerns

If you have any of the above concerns during a review, please speak up.

- Raise your concerns openly in a meeting or email discussion. Or, approach your facilitator or team leader in writing, by phone or in person.
- If the situation does not improve, raise your concerns with your designated support person.
- If your facilitator, team leader or support person cannot or will not address your concerns, raise them with the executive sponsor.

Accessing support

If you are distressed by the details or process of the review:

- let your facilitator or team leader know
- reach out to your nominated support person for advice
- ask how to access the health service's employee support service or assistance program
- discuss concerns confidentially with your GP or a mental health professional.

Withdrawing from a review

Agreeing to be involved in a review is an important commitment. However things may come up during the review process that make it challenging for you to continue. If you are considering withdrawing from a review, please discuss this with the facilitator. There may be a way to facilitate your ongoing participation.

What happens after a review?

Reviews result in multiple recommendations with timeframes and people or areas who are responsible for implementation. Following a review health services put these recommendations into place, and in doing so, aim to prevent the adverse event from recurring, or to minimise its impact.

Appendix: Review team member roles

Having a balanced and effective team is a key element of a productive review. Review teams should be formed in conjunction with the executive sponsor and/or team leader.

Executive sponsor

The executive sponsor is a member of the health service's executive who is not an active member of the review team, and therefore does not participate in review meetings.

Their role includes:

- allocating resources to the review
- being available as a contact point for escalation of issues
- reducing barriers during the review process
- supporting the review team to complete the review, including in formulating recommendations and sharing what has been learned from the review.

Team leader

The team leader is often an employee of the health service (such as a manager, nurse, midwife, engineer, doctor or consumer representative).

Their role in the review includes:

- identifying and managing conflicts of interest
- supporting the review team and acting as a first point of escalation for any concerns
- chairing the review team meetings
- informing the team of the 'rules of engagement' (for example, confirming every team member has a voice, and must actively listen to others)
- ensuring adherence to the review methodology
- ensuring any issues arising from the review are escalated accordingly.

Facilitator

The facilitator is often a quality and safety professional.

Their role in the review includes:

- coordinating team formation in conjunction with the executive sponsor and/or team leader
- coordinating logistics of the review such as team meetings and schedules
- gathering relevant information (e.g. patient histories, policies and procedures and interviews)
- sharing relevant information with review team members, maintaining the confidentiality and security of review information
- collating the review report.

Team member

Team members are individuals who may or may not be employed by the health service. They can hold any role, including manager, nurse, midwife, engineer, doctor or consumer representative.

Their role in the review includes:

- actively participating in the review process (including reading and analysing relevant information)
- adhering to the agreed rules of engagement of the team
- bringing their expertise to the review team (clinical, management, health service, consumer etc.).

Additional responsibilities of specific team members include:

- **Consumer representatives:** provide a patient, family or carer perspective.
- **External members:** provide a clear and objective perspective on the information presented. They do not have current employment or association with the health service where the event occurred.

