

# A new approach to restore trust after adverse events

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## Context

Healthcare organizations can be seen as complex adaptive systems, which means that there are so many care components interacting with each other that occurring effects unfold in unpredictable ways. This makes it difficult to identify causes of incidents (Hollnagel, 2014). In Safety-II, incidents are seen as symptoms of an underlying process. That is why a group of Dutch hospitals changed their approach in dealing with adverse events from interrogating those involved to a more healing approach with all those concerned. The question is no longer what rule has been broken but which people have been hurt and what they might need at this moment to be able to start healing and recovering (Dekker 2022).

## Intervention

It requires clear coordination to reach everyone who has been affected, to rebuild trust and to take responsibility for the future. The aim is reducing the emotional impact after incidents for both patients and caregivers by posing a completely different type of questions for example 'what do you need', instead of 'what has happened' in the acute phase.

## Measurement of improvement

The measurement of improvement is an ethnographic approach where narratives are shared for collaborative learning. We evaluate the approach with people involved on topics like psychological safety, support and effect on the healing process.

## Lessons Learned

The whole story, told openly by the patient, is the best starting point to learn in the system. It creates alertness by those involved. It is important to make agreements about who is responsible for taking care of the victims. It is not only important to pay attention to them in the acute phase, but especially so in the long run. Succeeding in converting anger or guilt into involvement, helps the healing process. Another important lesson is that this requires different competencies from the person conducting the conversations and that it takes a lot of energy and effort.

If patients feel that information is being withheld or that suffering is not taken seriously, there is a greater chance of escalation to formal procedures. On the other hand when patients or family members have confirmation that things have gone wrong, they might yet start a formal procedure. Once in legal proceedings, the emotional recovery process can be damaged.

## Messages for others

Applying new questions has taught us to recognize the (emotional) damage suffered by professionals. In conversations with relatives, the application of RJC has made it possible for the organization to take over control and coordinate a process, thus giving the relatives the opportunity to focus on the loss so that they do not have to deal with peripheral matters.

## No conflicts of interest

There are no conflicts of interest among the submitters of this abstract.

## Problem

Present incident investigation is focused on fact finding and it's unclear how best to coordinate attention for emotional healing of those involved. Care for victims, both patients and care providers, is fragmented and there is no system of long term monitoring in place. However, in a care system where healthcare providers are scarce one simply can't afford to lose good people. The patients, on the other hand hope that care providers will learn from the incident, so that it all has not been in vain. Focusing more attention on regaining trust will also increase the likelihood that lessons can be learned from incidents.

## Strategy of change

Collaborative learning in a group of Dutch Hospitals implementing Restorative Just Culture was our strategy of change. Restorative practice should pose the following questions. Who are impacted, what are their needs and whose obligation it is to meet those needs?

## Effects

Patients and caregivers involved respond positively to the new approach. Patients who were angry at first about what has happened are willing to think about potential solutions. In one of the hospitals, a patient was even willing to play in a film that could be used in learning situations within the hospital. Those involved feel more supported and psychologically safe.

