



# GUIDELINES FOR INFORMING THE MEDIA AFTER AN ADVERSE EVENT



Canadian Patient Safety Institute  
 Institut canadien de sécurité des patients  
 "Prevention is our priority" / "La prévention est notre priorité"

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## Overview...

How these guidelines were developed

**THREE PARTS:**

**Communication Plan**

- What you need and why

**Information Sharing Template**

- Step by step to get you there

**Flow chart**

- What you need to do as the Communicator for each target group



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## ACKNOWLEDGEMENTS

"These guidelines were developed by the Canadian Patient Safety Institute in conjunction with CPSI's Communication Advisory Committee to assist you and your organization throughout the process of informing the media and the public after adverse event occurs.

The Canadian Patient Safety Institute's Communication Advisory Committee:

- Chair, Dr. Rob Robson
- Cecilia Bloxom
- Kelly Bowman
- Barb Farlow
- Elizabeth Bodnar
- Greg Basky
- Louise Venty
- Melanie Rantucci
- Pat Rich

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**ACKNOWLEDGEMENTS**

The Canadian Patient Safety Institute would like to thank the following individuals for their participation in a Roundtable to develop these guidelines:

Anthony Fuchs, Craig Du Hamel, Gillian Howard, Dr. Gord Wallace, Greg Ujiye, Heather Campbell, Jane Coutts, Jane McCoubrey, Jeff Vallentine, Jennifer Guy, Lindsay Smylie, Mary-Ann Murray, Paula Beard, Pierrette Leonard, Ronna Bremer, Steve Buick,

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**SHARING INFORMATION ON ADVERSE EVENTS**

“Transparency through timely, controlled and effective communication.”

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**Effective and timely communication:**

- will serve to enhance public trust
- protect public safety
- serve to educate the public in a way that empowers them to be self-advocates.

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*Accroître la sécurité du système de santé*

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 Like the *Canadian Disclosure Guidelines*, these will serve to enhance public trust and support patient safety through transparency when an adverse event occurs.

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 **Canadian Disclosure Guidelines:**

A consistent process is in place for healthcare providers communicating adverse events to patients and their families.

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 We know from discussions with patients and affected family members that they need three key pieces of information communicated:

- they need to know what happened
- what changes will be made
- an apology

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**Social media:**  
patient, family members, or healthcare workers may take on a “citizen journalist” role and report on an incident through blogs, wikis and comment pages.

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# CRISIS COMMUNICATIONS PLAN

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→ Context → Environmental Scan  
→ Timing → Objectives  
→ Stakeholders/Audiences  
→ Issues Scan → Messages  
→ Strategy → Tactics → Key Considerations → Roles and Responsibilities → Resources  
→ Evaluation

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# INFORMATION-SHARING PLANNING CHECKLIST

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**cpsp-icsp**

- Define issue; including identifying approved operational course of action
- Who needs to be involved
- Identify what/whose approvals are needed to proceed
- Scope current situation
- Identify key issues: challenges, barriers, opportunities
- Identify urgency (low/medium/high)
- Determine what has been done to address the issue
- Identify what information is missing, what is needed to proceed
- Contact and involve key people
- Determine timing for communicating to various audiences
- Set objectives
- Establish measures to evaluate objectives

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**cpsp-icsp**

- Identify stakeholders and audiences
- Develop key messages
- Draft communication strategy to guide notification
- Identify tactics to support strategy
- Develop pre-announcement plan: contact and/or precondition key stakeholders and audiences
- Develop announcement and rollout plan
- Assign roles and responsibilities: are all key people involved?
- Identify internal/external financial and human resources requirements
- Evaluate your success

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## SHARING INFORMATION ON ADVERSE EVENTS

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### Flow Chart

- Process to follow
- What to consider with each audience
- Evaluation for what can be improved upon

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### THREE PARTS

- Communication Plan
- Information Sharing Template
- Flow Chart

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