



## Patient Safety Brochures What Do They Really Say about Safety?

Matthew Grissinger, RPh, FASCP



Mr. Grissinger is Director of Error Reporting Programs at the Institute for Safe Medication Practices in Horsham, PA ([www.ismp.org](http://www.ismp.org)).

**PROBLEM:** Most patient safety advocates agree that educated patients are the safest patients. The concept is clear: patients who know what to expect will be more aware of potential risks and errors. However, exactly how organizations educate patients about their role in safety and encourage their contributions is less obvious.

At a minimum, most health care professionals try to involve patients in safety topics by distributing brochures, pamphlets, handouts, or advisories upon hospital admission that cover general tips and by encouraging patients to speak up about potential hazards. The emphasis is usually on actions that *patients* can take directly to help ensure their own safety, but the effect of this literature has not been extensively studied.

**SAFE PRACTICE RECOMMENDATIONS:** Advisories designed for patients may help to reduce errors, but an analysis of five leading national safety brochures suggests that they can also result in unintended consequences that may compromise safety efforts.<sup>1</sup> The study was conducted with participants from academic, clinical, administrative, and consumer backgrounds who had been promoting or researching patients' perspectives on and contributions to safety. Here are some questions to help readers assess and improve the literature that is distributed to patients.

### Content

**Are the safety tips defined clearly?** Patients who are ill are often less likely to act on vague tips, such as when they are advised to ask questions. Patients are more likely to heed advice if instructions are obvious and concise, for example:

"Make sure your name is spelled correctly on the bracelet on your wrist."

**Does the brochure provide the reason for a safety tip?** Recommendations without a rationale for their use represent a missed opportunity to inform the public about safety matters in health care. Knowing the basis for a safety recommendation helps patients to remember the advice and to apply it.

**Are safety tips listed in order of their importance?** The sheer number of tips in an advisory can make patients feel overburdened or guilty because they cannot act on all of them. Telling patients which safety tips have priority, according to their probably impact on safety, may improve compliance with the most important ones.

**Does the brochure specify what the health care organization is doing to enhance safety?** A list of safety tips alone might imply that patients are the only ones looking out for their safety. Describing what steps the organization is also taking offers patients some measure of reassurance.

**Does the brochure explain the difference between "harm from errors" and "unpreventable harm"?** If the patient does not understand that some adverse outcomes in health care are not preventable, he or she may erroneously equate all bad outcomes with negligence.

**Does the brochure advise patients how to report hazards and errors?** Patients and families may perceive risks during treatment that health care professionals might not notice. Patients need a way to report these risks as well as perceived errors so that they can make the staff aware of them.

### Tone

**Is the brochure written from the patient's perspective?** Safety advi-

ories are often written from the viewpoint of health care professionals, with little or no attempt to learn about patients' beliefs, concerns, or information needs. The contents of the brochure should be tested with patients before they are published and disseminated.

**Do the safety tips require patients to check or challenge their physician or other health care professional?** Advice that requires checking and challenging is particularly problematic for patients, who might fear being labeled as difficult if they speak up. Staff members might also be less inclined to interact with patients who challenge them, potentially worsening safety risks.

**Does the brochure seem to shift the responsibility for safe care from the health care professional to the patient?** Patients may perceive some advisories as inappropriately shifting the task of safe care from the physician or staff to the patient, especially if there's little evidence that the staff is also taking steps to improve safety. This perceived shift in responsibility can increase the patient's or family's feeling that they could have done more in the event of harm from an error.

**Does the brochure imply that the patient needs to "work around" system deficiencies?** The tone of the guidelines might suggest that patients must adjust to deficiencies to be safe, perhaps without much help from the professional staff. Even if an advisory instructs patients to work with their health care professionals, patients may be uncertain about the extent of support they will receive from the staff. Thus, the tone of the literature should be collaborative, and staff members must consistently support and reinforce the messages about safety.

### Message Reinforcement

**Does the staff reinforce the safety**  
*continued on page 613*

## MEDICATION ERRORS

*continued from page 586*

**tips mentioned in the brochure and offer practical steps for following them?** Physicians and other staff members might not regularly discuss the published information with patients or give them encouragement to follow the tips. In fact, the study participants emphasized that patient involvement in health care might not be a top priority for hospitals in their quest for safety. One respondent said that the systems weren't set up to involve patients, who may feel that they are imposing on the professional's time.<sup>1</sup> Beyond distributing advice, system-wide changes are needed to ensure that patients' contributions to preventing errors are encouraged and met with appropriate responses.

### REFERENCE

1. Entwistle VA, Mello MM, Brennan TA. Advising patients about patient safety: Current initiatives risk shifting responsibility. *Joint Comm J Qual Patient Saf* 2005;31(9):483-494.

---

*The reports described in this column were received through the ISMP Medication Errors Reporting Program (MERP). Errors, close calls, or hazardous conditions may be reported on the ISMP Web site ([www.ismp.org](http://www.ismp.org)) or communicated directly to ISMP by calling 1-800-FAIL-SAFE or via e-mail at [ismpinfo@ismp.org](mailto:ismpinfo@ismp.org). ■*