

Patient/Family Safety Liaison Encounter Form

Patient name: _____ **MRN** _____

Patient Advocate/Champion: _____

Patient/Family Interviewer: _____ **Date of interview:** _____

Room/Chair _____ **Unit:** _____

Prescreen completed (OK to approach patient per Charge RN): _____

Introduction: Hello, my name is _____ and I am a patient/family member (add in type of disease/area if you wish). We are currently working on this unit gathering some information from patients with regard to their perceptions of care, specifically about safety. Are you comfortable talking with me today about your experience here at _____?

IF YES and they want to participate-----Let them know that if you receive any information that the study/care team deems critical to the safety, well-being or improvement of care, the study/care team has the responsibility to communicate this information to the appropriate staff at the organization for action.

Length of time receiving care at organization:

0-<6 months ≥6 months- <1year ≥1-<3 years ≥3-<5 years ≥5-10 years ≥10 years

Do you have a primary provider outside of this organization? YES NO

If yes, does this organization effectively communicate with your primary provider?

YES NO DO NOT KNOW NOT IMPORTANT TO PATIENT

1. Have you experienced anything today or in the recent past that you would perceive as unsafe within your plan of care?

Please describe as much detail as possible:

2. Would you have brought this incident to anyone's attention if I had not inquired about this today?

YES

Who? _____

NO

Explanation/Who then?/Why not?

3. Does staff confirm 2 methods of identification (MRN, name, DOB) whenever you are having blood drawn, a diagnostic test or medication administered?

Yes No

4. Do you understand how to take your medications at home?

*(***If patient answers no, notify RN for education before this patient leaves today***)*

Please describe in as much detail as possible:

5. Do you know what the expected side effects are of your medications?

*(***If patient answers no to either of these questions, notify RN for education before this patient leaves today***)*

Please describe in as much detail as possible:

6. Do you know who and how to call in an emergency situation? (**If the answer is no, notify RN for education before this patient leaves today****)**

Please describe as much detail as possible:

7. Do you have any additional comments that you would like to pass on to the safety team to help us in our efforts to continually improve the delivery of safe, quality patient care?

Please describe as much detail as possible

Findings forwarded to Risk Manager_____

Patient Follow up plan

Pt requests anonymity Pt requests follow up **Telephone:** _____

Action plan identified by risk manager:

Probing questions:

Do you ever have questions about your care that are not answered?

Are you able to get appointments when you need them?

Is there anything about your care plan that you find inefficient?

Is there anything that should have been completed prior to your appointment/procedure/test/treatment that had not been done?

Do you have the right information at the right time to make informed decisions about your care?

Do you think the physical environment at this organization is safe?

Were your medical records available at the time of your appointment?

Was everything ready for your appointment?

Were test results (lab, x-ray, etc.) communicated in a timely manner?