



**Getting it right:**  
**Why Risk Communication  
in Healthcare  
is Not Straight-forward**

2016 HA Convention

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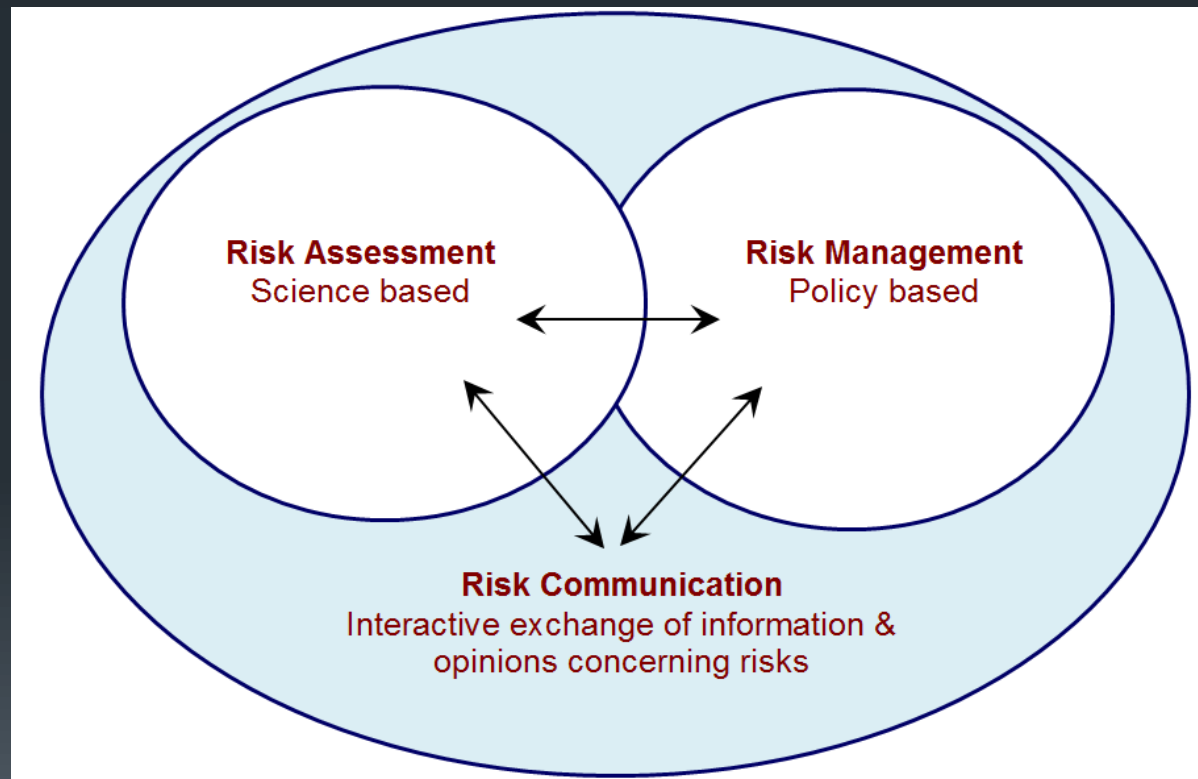
# This Presentation

- Looks at some of the challenges in risk communication in healthcare
- Considers factors affecting optimal risk communication
- Draws on perspectives from other disciplines

# Contexts

- Bedside patient care: Communicating risk of treatments
- Public health: Communicating public health threats and risks
- Corporate governance: Communicating risks of all domains within the system in management and governance
- General public communication: Communicating risks of overloaded capacity and access problems, etc.

# Risk Communication



# People Resources - Residual Risk Matrix 2012

+ Planned risk mitigation measures



# Risk Matrix

# BSS Residual Risk Matrix 2012

+ Planned risk mitigation measures



# Residual Patient Care Risks 2012



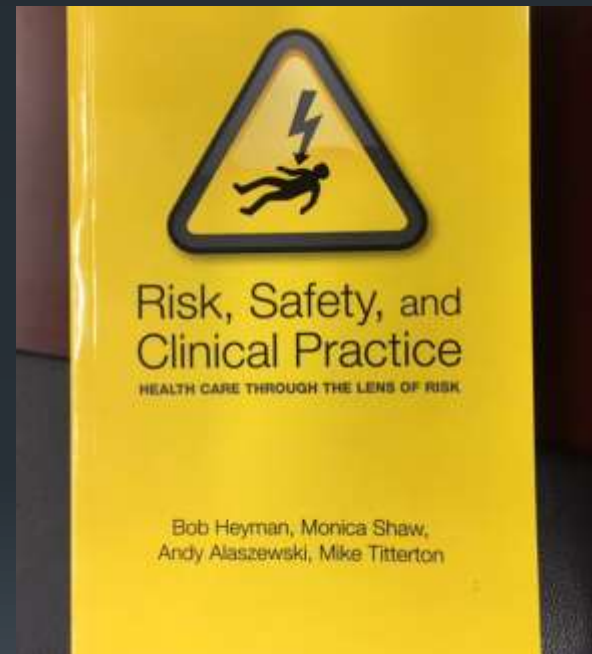
# Financial Risk Matrix 2012

+ Planned risk mitigation measures



# Perspectives from Social Science Disciplines

- The concept of 'risk' became dominant since 1990's
- Is there a 'risk epidemic' ?
- Understanding risk literacy
- Selecting, defining and scoping a particular risk involve 'valuing'
- Experts vs. Public



# One-way communication



# One-way communication





# One-way Risk Communication



- Focusses on transfer of information
- Assumes information is objective and neutral

# Hazard vs. Outrage



# Case: Lead-tainted water in public housing estates (2015)

## Water checks widen as more lead found

Amy Nip

The lead-in-water scare widened yesterday, with Wing Cheong Estate in Sham Shui Po becoming the latest victim.

The discovery comes as the Secretary for Transport and Housing Anthony Cheung Bing-leung announced that water checks are to be extended to another 12 public housing estates that were completed in 2011 and 2012.

"We have decided to expand the scope to all estates completed since 2011," Cheung said. "It involves an additional 12 estates comprising 35 blocks and 26,000 flats."

After lead in water was found at Kai Ching Estate in Kowloon City, Kwai Luen in Kwai Tsing and Shui Chuen O in Sha Tin, the government collected water from another nine estates, including Wing Cheong and phase one of Kwai Luen Estate, for checks last week.

A total of 370 samples were collected for testing and results were announced yesterday.

One sample collected in Wing Cheong, from a tap at a Housing Department office, was found to contain 14 micrograms of lead per liter of



Wing Cheong is the latest public estate dragged into the contaminated water scandal. SINGTAO

water, exceeding the World Health Organization limit of 10 micrograms.

The tap in the pantry is for internal use among the department's officers. Lead was found in the pipe soldering, according to initial assessments.

Director of Housing Stanley Ying Yiu-hong said Paul Y General Contractors was the main

contractor of Wing Cheong Estate and Golden Day Engineering was responsible for pipe works. The plumber was not named yesterday.

The companies are different to those responsible for the construction at Kai Ching and Kwai Luen. At Wing Cheong, water tanks have been arranged for each block and bottled water is provided for the vulnerable.

The 12 estates to have their water tested are Shin Ming, Tin Ching, Sha Tin Pass, Yan On,

Choi Tak, Tung Wui, Tau Kok and

Cheung estates were further extended to more public

Secretary

said 924 people were tested. Some

Staff members

About 300 people were tested last Saturday. About 300 people were tested last Saturday. About 300 people were tested last Saturday.

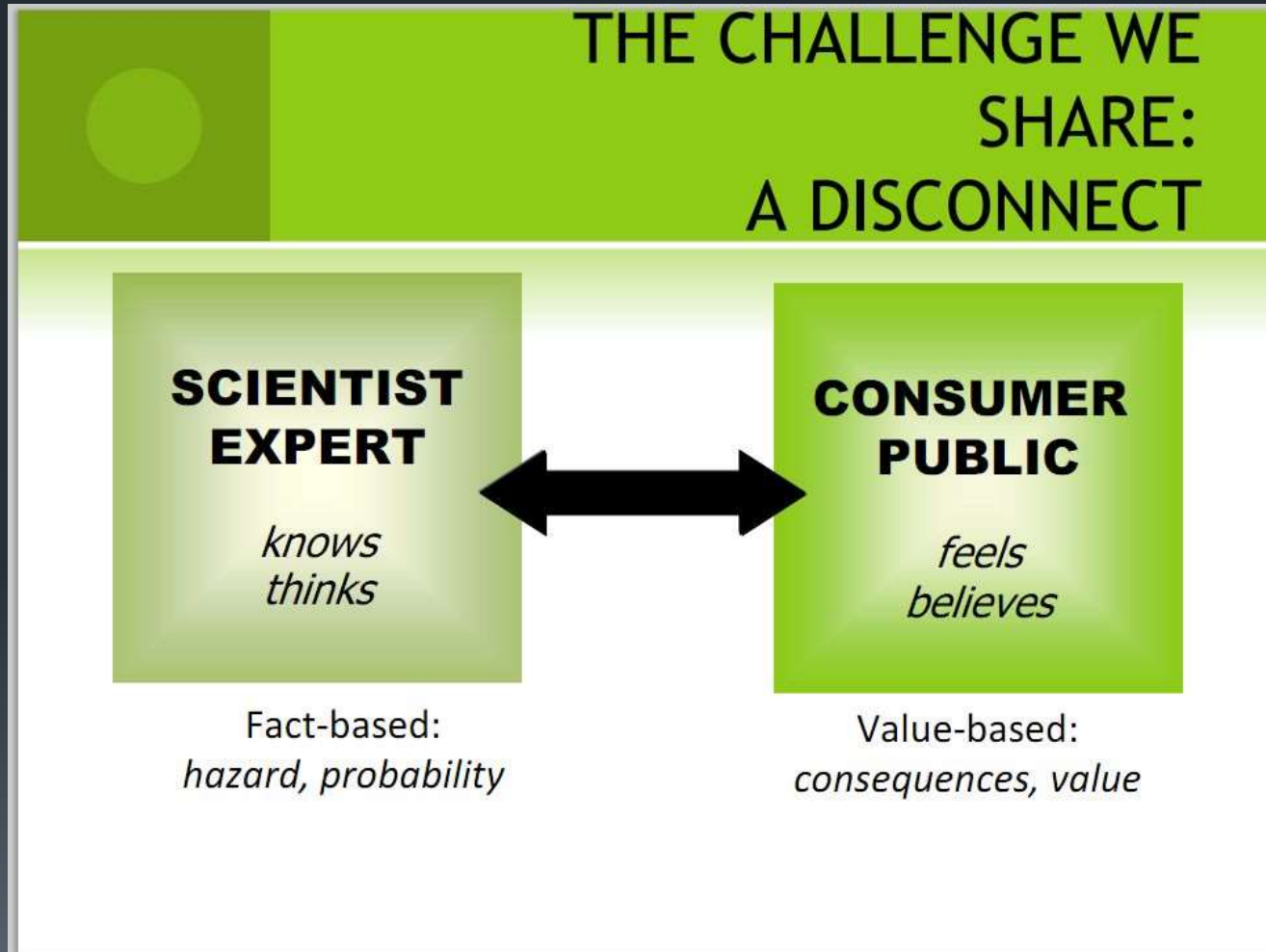


# Communication Challenges

- WHO Provisional Standard:  $<10 \mu\text{g/L}$
- What does a test result of water lead level  $>10 \mu\text{g/L}$  mean for:
  - An average citizen?
  - Infant ? Pregnant lady?
  - The Housing Authority?
  - Healthcare professionals?
  - Political parties?
  - The media?
- Where is the expert?



# Emotional $\neq$ Irrational



# Opportunity for Control



# Case: Informed Consent

- Last year, HA implemented web-based custom prints of informed consent forms to improve communication and documentation
- Standard information leaflets assist clinicians in communicating risks of procedure

<b>HOSPITAL AUTHORITY CONSENT FOR OPERATION/ PROCEDURE/TREATMENT REQUIRING ANAESTHETIST(S)</b>		Admission/Clinic No. _____ ID No. _____
		Name _____
		Sex _____ Age _____ Chinese Name _____
		Dept _____ Ward _____ Bed _____
<b>A. PERSON(S) SIGNING THIS FORM</b>		
The Patient is named in the right hand top corner of this Form.		
The person(s) signing this Form is/are : (Please tick as appropriate.)		
<input type="checkbox"/> the Patient.		
<input type="checkbox"/> the Patient who is a competent minor (see Note 2).		
<input type="checkbox"/> the parent or guardian of the Patient who is a minor.		
<input type="checkbox"/> the Patient's legal guardian appointed under Mental Health Ordinance ( MHO ) with power to consent to treatment.		
Name in Block Letters _____		
HKID Card / Identity Document No. _____		
Address _____		
Phone No. (Day) _____ (Night) _____		
Relationship with the Patient (please tick as appropriate):		
<input type="checkbox"/> the parent or guardian of the Patient who is a minor.		
<input type="checkbox"/> the Patient's legal guardian appointed under MHO with power to consent to treatment.		
<b>B. EXPLANATION OF THE NATURE, EFFECT/BENEFITS AND RISKS/COMPLICATIONS OF THE OPERATION/PROCEDURE/TREATMENT</b>		
The doctor, who signs this Form, has explained the nature, effect/benefits and risks/complications of the operation/procedure/treatment to the Patient and/or the Patient's parent or guardian/the Patient's legal guardian appointed under the MHO as set out below.		
<b>INDICATIONS FOR AND THE NATURE AND EFFECT/BENEFITS OF THE OPERATION/PROCEDURE/TREATMENT</b>		
The Patient's diagnosis/indications for the operation/procedure/treatment:		
Pancreatobiliary pathology 胰膽管病變		
Name and nature of the operation/procedure/treatment for the Patient:		
Endoscopic retrograde cholangiopancreatogram 內視鏡逆行性膽胰管造影檢查		
<input type="checkbox"/> Sphincterotomy 括約肌切開術		
<input type="checkbox"/> Stone extraction 取石術		
<input type="checkbox"/> Stent insertion 置入支架		
<input type="checkbox"/> Hemostasis 止血術		
<input type="checkbox"/> Biopsy 活組織檢驗		
<input type="checkbox"/> Stricture dilatation 膽管狹窄擴張術		
The intended effect/benefits of the operation/procedure/treatment are:		
Evaluation of the biliary tract/pancreatic duct, application of endoscopic therapy		

CONSENT FOR OPERATION/ PROCEDURE/TREATMENT - HA  
 HA0512/06/REV. 01 SEP. 15

Doc Version: 06-Sep-2015
01 : DC-2015-02090
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# Custom print Informed Consent Form (ICF)

- Fully launched in all hospital clusters in Dec 2015
- Data alignment
  - Total no. of aligned procedures: 2,100
  - Aligned COC/CC data: **251** procedures from 7 COCs
    - A&E, Medicine, Neurosurgery, O&G, Paediatrics, Radiology, Surgery
- Utilization update at as at 18 Jan 2016
  - **99,537** consent forms printed from ICF System (**80% in Chinese**)



# Focused on Risks

## C. GENERAL RISKS/COMPLICATIONS ASSOCIATED WITH AN OPERATION /PROCEDURE/ TREATMENT

The general risks/complications with any operation/procedure/ treatment include:

- Secretions may collect in the lungs causing a chest infection.
- Wound bleeding and wound infection are common complications of operation.
- Clotting may occur in the deep veins of the leg. Rarely, a part of this clot may break off and go to the lungs. This can be life threatening.
- Circulation problems to the heart or brain may occur which could result in a heart attack or stroke.
- Death is possible during or after an operation due to severe complications.

## D. SPECIFIC RISKS/COMPLICATIONS AND RELEVANT TREATMENT OPTIONS

Specific risks/complications of the operation/procedure/treatment (including low probability serious consequence risks/complications) are:

Bleeding, perforation, cardiopulmonary complications (hypoxia, hypotension, arrhythmia, myocardial infarction), acute cholangitis, acute pancreatitis, sedation related complications and death

Other treatment options (including the option of no treatment) and their risks/complications are:

Other treatment options:

Magnetic resonance cholangiopancreatography

Their risks/complications:

Cannot apply therapeutic procedures; MRI is contraindicated in patient with metallic implant or suffered from claustrophobia

## I. EXPLANATION OF THE ANAESTHESIA AND ANAESTHETIC RISKS/COMPLICATIONS

The anaesthetist, who signs this Form, has explained the nature and effect of the anaesthesia and the anaesthetic risks/complications to the Patient and/or the Patient's parent or guardian/the Patient's legal guardian appointed under the MHO as set out below.

- One or a combination of the following types of anaesthesia will be used, that is, general anaesthesia, regional (spinal/epidural/plexus) anaesthesia and/or local anaesthesia. Modern anaesthesia, in general, is safe. Risks may be increased due to co-existing problems, such as bad "cold" or flu, smoking, being overweight, diabetes, heart disease, kidney disease, high blood pressure, and other serious medical conditions. Risks are also increased in the elderly. Serious complications from anaesthesia are uncommon. They include:
  - (a) Breathing difficulties.
  - (b) Stroke or brain damage, which may cause permanent disability.
  - (c) Strain on the heart, which may result in a heart attack.
  - (d) Awareness whilst under general anaesthesia.
  - (e) Anaphylactic drug reactions.
  - (f) Nerve injuries after regional anaesthesia.Some of the complications could be fatal BUT RARE.

- Minor problems are common. These include nausea and vomiting, general aches and pain, headaches, pain at operation and infection sites and sore throat. Damage to teeth and lips may occur.
- Specific anaesthetic risks/complications associated with the proposed surgery, anaesthetic or post-operative pain relief (including low probability serious consequence risks/complications) are:

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## J. ANSWERING QUESTIONS

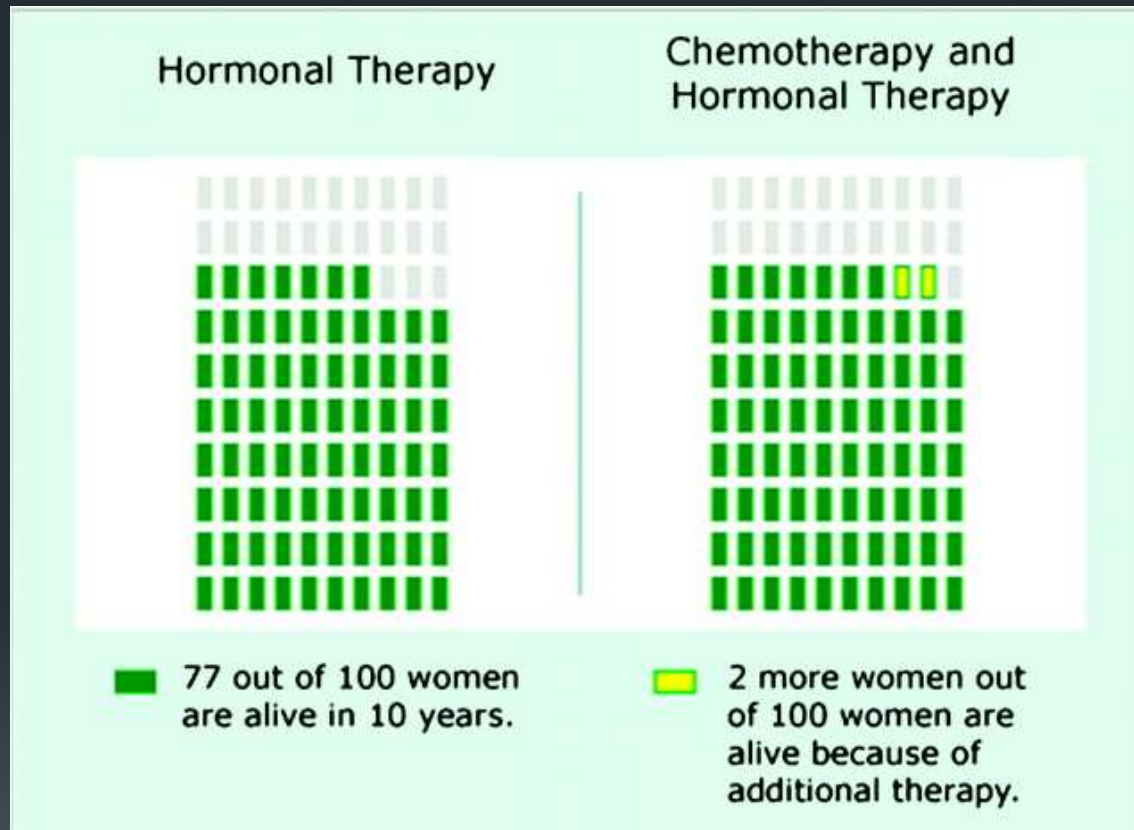
The anaesthetist, who has given the above mentioned explanation, has also answered any questions raised by the Patient and/or the Patient's parent or guardian/the Patient's legal guardian appointed under MHO, as summarized below:

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# Informed Consent as Risk Communication

- One-way or two-way communication?
- Risk communication or Risk-benefit communication?
- Risk literacy issue addressed?

# Pictorograph for informed consent

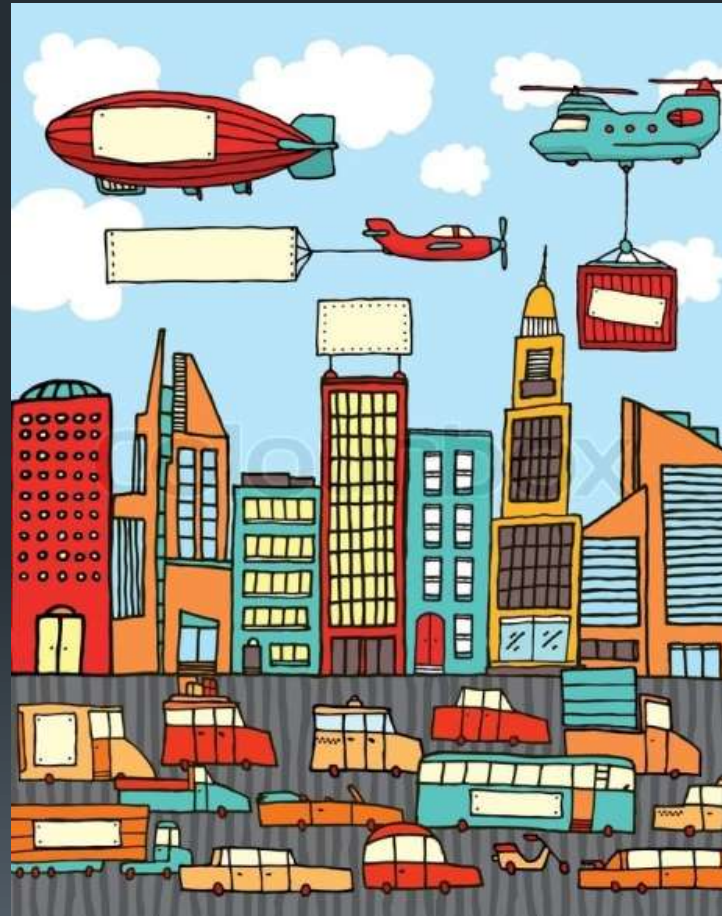


[J Natl Cancer Inst. 2011 Oct 5;103\(19\):1436-43. doi: 10.1093/jnci/djr318. Epub 2011 Sep 19.](#)  
**Helping patients decide: ten steps to better risk communication.**  
Fagerin A, Zikmund-Fisher BJ, Ubel PA.

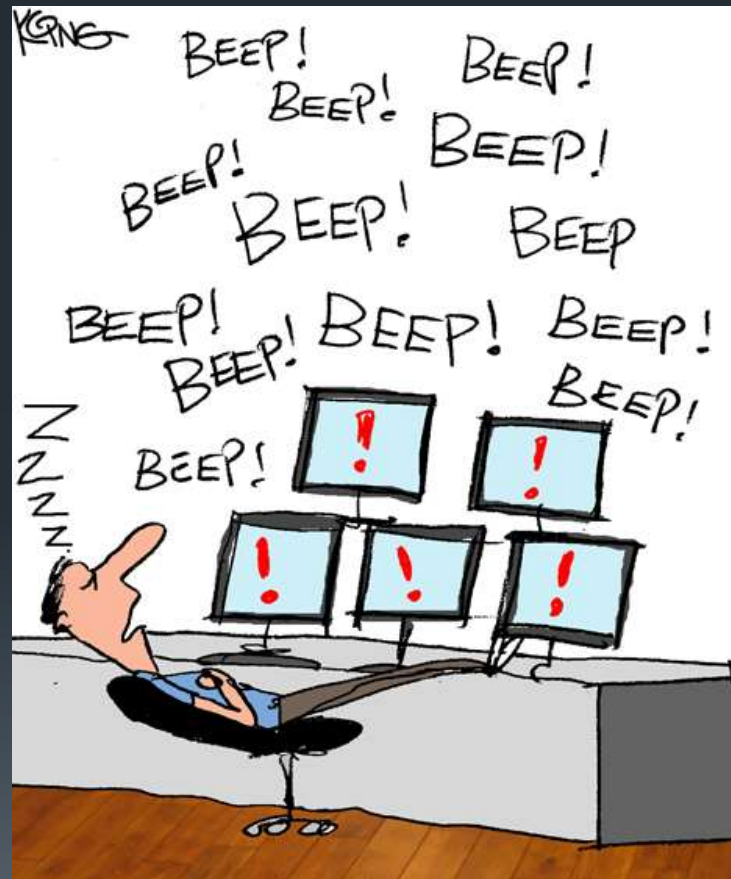


Take Home

# Hovering Messages



# Alert Fatigue



# Flooding



# Back to Basics



## Risk Communication

- Risk Communication is defined as an **interactive process of exchange of information and opinion** among individuals, groups and institutions
- It expresses messages about risk, concerns, opinions or reactions.
- Risk communication is helping people understand the nature and seriousness of a risk so that they can make an informed decision about how to deal with the risk.



# Tips for Risk Communication involving the Public

- Accept/involve the public as a legitimate partner.
- Plan carefully and evaluate your efforts.
- Listen to the public's specific concerns.
- Be honest, frank and open.
- Coordinate and collaborate with credible source.
- Meet the needs of the media.
- Speak clearly and with compassion.

Source: EPA's Seven Cardinal Rules of Risk Communication

# My Rule of Thumb

- Do not talk down to stakeholders - Give the respect that they deserve
- Do your best to keep the message(s) focused and plain
- Actually listen
- Facilitate interactive communication
- Look out for blind spots
- Prepare for contingency

Thank you for your attention

