When Patients Speak: How Organizations Can Turn Patient Concerns into Action to Prevent Harm

Patient and family concerns can be the earliest indicators that something is not right. Yet too often, these concerns are minimized, dismissed, or not acted upon. In 2025, **ECRI** found the risks of dismissing patient, family, and caregiver concerns as the number one patient safety concern, highlighting the urgent need for organizations to strengthen how they listen, respond, and escalate these signals.

Use the practical strategies in this briefing to turn patient and family concerns into action.

Build Structured Pathways for Acting on and Legitimizing Concerns

Standardize language in policies and education.

- Create a shared definition of patient and family concerns: "an expressed worry by a patient or family about a change, risk, or sense something is not right."
- Include examples such as new symptoms or concerns care is being missed or delayed.

Create tiered escalation pathways.

- Bedside Response: acknowledge, assess, document → Escalation to Provider or Charge Nurse → Rapid Response or Chain of Command: if concerns persist, worsen, or are unresolved.
- Visually map pathways (badges, posters, cards).

Hardwire triggers into workflows.

- Remove subjectivity and hesitation from escalation decisions.
- Build into policies and workflows.
- For example, when family expresses the same concern more than once or the nurse feels uncomfortable despite stable vitals.

Implement Patient- and Family-Activated Rapid Response Systems
- Assess how well patients and staff understand the process.
- Track usage patterns and outcomes.

Teach Validating, Safety-Oriented Communication
- "Tell me what is worrying you most."
- "I want to make sure we don't miss anything — let's talk through what you're seeing."
- "I hear your concern. Here's what we can do next."
- Encourage the LAST method: Listen, Acknowledge, Scan (Assess), Take Action.
- Reinforce scripting through simulations, huddles, and coaching.

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Strengthen Handoffs to Include Concerns
- **Add a prompt to handoff tools, a small but powerful shift: "Patient/family main concern: _____."**
- **Consider practices in place to monitor use.**

Create a Non-Dismissal Culture
- Focus on high-reliability and just culture principles: Listen-first behaviors, curiosity before judgment, and normalizing a second look.
- Shift perspectives: From "they're anxious" to "what could we be missing?" or "vitals are stable" to "but something still seems off."

Measure What Matters
- Integrate data that leadership and quality improvement teams can track and respond to, creating an environment of learning and improvement.
- Routinely review data to reflect how often concerns are raised, acted upon, or missed:
  - Complaints/grievances coded to not being heard or other recurring themes
  - Escalation failures or delays, or time to response
  - Rapid response activation patterns
  - Cases where concerns were documented before deterioration
  - Readmissions within 48–72 hours after a dismissed concern

Design Impactful Systems
- Assess the potential impact of practice changes using tools such as **ECRI's HI-IMPACT Tool** to ensure interventions are meaningful, equitable, and patient-centered.

Quick Win Actions You Can Start Tomorrow

Add "patient/family expressed concern" to handoff reports or safety huddles.	Pilot a patient/family escalation card on one unit.	Incorporate validating language into annual competencies.	Integrate this topic into root cause analyses (RCAs).	Review 3 cases from last year where concerns were expressed but not acted on.

Listening to patient and family concerns is not an added task — it is a core safety practice. Building reliable systems that value and act on these concerns can prevent harm, strengthen trust, and improve outcomes.

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