

CATEGORY:	ORGANIZATIONAL - CLIENT/COMMUNITY RELATIONS
SUB-CATEGORY:	RISK MANAGEMENT
GROUP:	
DISTRIBUTION:	ALL STAFF
TITLE:	DISCLOSURE OF OCCURRENCES

PURPOSE

Western Health supports a culture of safety that encourages open and honest communication with clients/patients/residents and their significant others.

Western Health will respect the rights of clients/patients/residents and/or their significant others to be informed about occurrences that have affected or may potentially affect their health, in a supportive, private environment and in a timely manner.

POLICY

All employees are responsible for reporting occurrences in accordance with the *Occurrence Reporting* policy (6-02-15) or the *Serious/severe Occurrence Reporting and Management* policy (6-02-30). Employees must notify the immediate leader/manager, or the next level of management on call if outside of regular working hours when they identify an occurrence that caused temporary or permanent harm to a client/patient/resident or has the potential for future harm.

The responsibility for disclosing an occurrence rests with the most responsible physician (usually the client's/patient's/resident's attending physician). For situations where the occurrence is related to care managed by another care provider, the responsibility for disclosure rests with the most responsible care provider and manager or director. Disclosure will happen in-person whenever practical. The person disclosing to the client/patient/resident and/or family must document the discussion in the client's/patient's/resident's health record. The disclosure will not include speculation, blaming specific individuals, admission of liability, or denial of responsibility.

The disclosure of potential events (close calls) should occur when the potential for future harm exists; the disclosure of potential events (close calls) is discretionary if there is no likelihood of a future health risk.

In a multi client/patient/resident occurrence when harmed has occurred, disclosure happens as closely as possible, to the guidelines/procedure for disclosure in a single client/patient/resident occurrence. As practical, disclosure occurs in-person and individually with each person involved in the multi client/patient/resident occurrence.

Disclosure in a multi client/patient/resident occurrence happens as closely as possible to the guidelines/procedure for disclosure in a single client/patient/resident occurrence except when: (a) the occurrence has the potential for harm and/or other clinical investigations are required and (b) in-person disclosure is not practical. In these circumstances, disclosure can happen by registered mail or telephone. All disclosures made by telephone must be followed up with written documentation mailed to the client/patient/resident. A copy of this documentation must be maintained on the client/patient/resident health record within the program area, medical clinic or health facility involved in the occurrence.

Disclosure in a multi client/patient/resident occurrence when clients/patients/residents are not harmed may happen by letter, telephone, or in-person, as practical.

Disclosure in a multi client/patient/resident occurrence happens before public communication, unless one of the following circumstances dictates otherwise: (a) the medically necessary need for rapid contact with large numbers of clients/patients/residents; (b) uncertainty that internal databases or patient lists are complete or accessible; (c) unofficial information about the event may circulate in the community with the potential to raise public concern and/or (d) the event has the potential to raise public concerns about the quality of care in Western Health.

DEFINITIONS

Occurrence: is an undesired and unplanned event associated with the care or services provided to a client/patient/resident (i.e., not related to the natural course or known complications of an illness) and/or associated with risk to visitors, property or the organization. The occurrence may result from commission or omission (i.e., administration of the wrong medication, failure to institute the appropriate therapeutic intervention, adverse reactions to a medication, negative outcomes of treatment) and includes problems in professional practice, products, procedures, systems and close calls.

Close call: is a potential adverse event that did not actually occur due to chance, corrective action and/or timely intervention.

Disclosure: the process of informing affected clients/patients/residents and their families about harm or potential harm that may have occurred as part of a service or procedure.

Harm: an outcome that negatively affects the client's/patient's/resident's health and/or quality of life.

Most responsible physician: the physician most responsible for the health care treatment of the client/patient/resident during the course of care in which the occurrence occurred.

Most responsible care provider: the care provider who is familiar with the client/patient/resident and has responsibility for managing the care and or service during the course of care in which the occurrence occurred.

PROCEDURE

Using the Canadian Disclosure Guidelines, the following procedure will be followed:

1. At the time an occurrence is identified for disclosure, the employee providing care or service and/or the immediate leader/manager informs the client/patient/resident and/or family that the most appropriate individual will discuss the event and what is known about the event with them as soon as the staff can arrange it.
2. The immediate leader/manager identifies the most appropriate person to disclose the facts of the event and, as necessary, consults with him or her.
3. The most responsible physician or most responsible care provider, as appropriate, discusses the occurrence and process for disclosure with the immediate leader/manager and/or Regional Patient Safety Officer/Risk Manager. This includes:
 - a) Reviewing all relevant records available and promoting an understanding of the event,
 - b) Reviewing the client's/patient's/resident's personal, social, language, religious and cultural needs, and
 - c) Identifying the need for any resources to assist the client's/patient's/resident's understanding and coping with the disclosure (e.g., family members, language translators, social worker, chaplain).
4. As necessary, the immediate leader/manager arranges a private setting most feasible for the client/patient/resident and/or significant others to meet with the person(s) who will provide the disclosure, as soon as is practically possible after identification of the occurrence, but preferably within two days after an occurrence.
5. The individual providing disclosure gives a factual, objective, non-technical summary of events that the client/patient/resident and/or their significant others can easily understand. This includes:

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- a) An expression of regret, as appropriate, that harm occurred or potential harm in the event of a close call. As supported by the *Apology Act*, an expression of regret or an apology does not constitute an admission of fault or liability,
 - b) Factual explanation about the event, potential outcomes/consequences of the occurrence, and information that allows the patient/client/resident to make fully informed decisions about his or her future care or treatment,
 - c) As appropriate, options for actions to be taken to improve potential outcomes/consequences of the occurrence (e.g., further medical attention including a second opinion if requested),
 - d) As appropriate, actions to be taken and improvement strategies to diminish the probability of recurrence,
 - e) The offer of emotional support, if desired, and
 - f) The provision of a contact person(s) in the event that the client/patient/resident and/or significant others have additional questions or concerns following the disclosure.
6. The individual providing the disclosure documents the following information in the client's/patient's/resident's health record:
- a) Date, time and place of the disclosure,
 - b) To whom the disclosure was made,
 - c) Identification of any other individuals present,
 - d) Brief, factual statements as to what was disclosed,
 - e) Any questions and/or responses, and
 - f) Any follow-up plan.
7. The immediate leader/manager assesses and supports the emotional needs of the health care provider(s) as required (e.g., counseling, critical incident stress debriefing, or employee assistance).

It may be necessary to arrange subsequent disclosure discussions with the client/patient/resident and/or significant others should further facts become known and/or as actions from the follow-up plan are implemented. In these situations, the procedure outlined above will be followed. Western Health will consider providing supportive services, including counseling and/or support

for travel costs, to the client/patient/resident and/or significant others, as part of the arrangements for subsequent disclosure discussions.

GUIDELINES

Canadian Disclosure Guidelines. (2008). Retrieved October 21, 2009, from <http://www.patientsafetyinstitute.ca/English/toolsResources/disclosure/Documents/CPSI%20-%20Canadian%20Disclosure%20Guidlines%20English.pdf>

REFERENCES

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Canadian Patient Safety Dictionary. (2003). Retrieved April 27, 2007, from http://rcpsc.medical.org/publications/PatientSafetyDictionary_e.pdf.

Newfoundland & Labrador Association of Healthcare Risk Management. (2005). *Patient/Resident/Client Safety Manual*

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KEYWORDS

Close Call
Disclosure
Occurrence

TO BE COMPLETED BY QUALITY MANAGEMENT & RESEARCH STAFF ONLY

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