Manual: General Vitalité Health Network

Title:	HARMFUL INCIDENT DISCLOSURE		**No.: GEN.5.30.20**
Section:	5. Risk Management, Quality and Patient Safety	**Effective date:**	**2017-03-31**
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Facility/ Program:			

Vitalité Health Network recognizes the importance of promoting a culture of patient safety and respecting the patients' right to be informed about all aspects of care provided, including disclosure of harm that occurred or might have occurred during care.

PURPOSE

To guide the process to disclose to patients harm that occurred during care.

DEFINITIONS

Substitute decision maker (legal representative): A person, other than the patient, who is legally authorized to make decisions on the patient's behalf (other terms frequently used: proxy, legal representative).

Disclosure: Communication by a health professional to a patient regarding an incident involving the patient.

Harmful incident: A patient safety incident that resulted in harm to the patient. Replaces "adverse event," "sentinel event" and "critical incident."

Patient safety incident: An event or circumstance which might have resulted, or did result, in unnecessary harm to a patient.

Harm: Outcome that has a negative impact on the patient's health or quality of life.

Health professional: Any individual who provides direct or indirect care to patients (e.g., physician, nurse, physiotherapist, respiratory therapist, pharmacist).

Regret: An expression of sympathy or apology, including a clear statement such as "we're sorry."

POLICY

1. **Disclosure of incidents causing harm to a patient**

1.1. When an incident causing harm to a patient occurs, initial disclosure must be made as soon as possible.

1.2. Initial disclosure must be made by the individual(s) who are the most appropriate to share information with the patient about the incident and its consequences. In serious cases, it will be done by the attending physician accompanied by another member of the care team. The individual(s) who will proceed with the disclosure will be selected based on the following criteria:

1.2.1. Be the health professional who is the most knowledgeable about the incident that occurred;
1.2.2. Be the health professional who already has a relationship with the patient;
1.2.3. Be the health professional who is best able to explain the consequences of the incident and related care plans;
1.2.4. Take the patient's preferences, if any, into account.

1.3. If disclosure is made on behalf of another health professional, the delegates must explain to the patient, gently and without blaming anyone, why the professional in question is not addressing the patient directly.

1.4. Initial disclosure:

1.4.1 Should address the:

- Facts of the incident;
- Potential consequences for the patient;
- Treatments to be received.

1.4.2 Should be free of blame and speculation and should:

- Include an expression of regret;
- Be made in simple language and in words that the patient and family can easily understand.

1.5. The care team must ensure that the patient/family receive the emotional and practical support they need after the incident and during the disclosure process. This may include, without being limited to:

1.5.1. Having a family member or individuals chosen by the patient present to take part in discussions;
1.5.2. Designating a staff member to provide ongoing support;
1.5.3. Help to provide access to professional support for the patient (e.g., social work, psychology, spiritual and religious care, community services, home services, support group).

1.6. The manager must ensure that the staff and physicians involved in the incident have the emotional and practical support they need. This may include, without being limited to:

1.6.1. Defusing sessions;
1.6.2. Access to the Employee/Family Assistance Program;
1.6.3. Access to professional support resources (psychology, social work, etc.).

1.7. Initial disclosure must be documented in the patient's record by the physician or individual proceeding with the disclosure. Documentation should include:

1.7.1. The date, time and location where the disclosure occurred;
1.7.2. The name and title of individuals who were involved;
1.7.3. The facts presented and the patient's comments;
1.7.4. The support offered and answers;
1.7.5. Issues brought up and answers provided;
1.7.6. Follow-up plans, including the contact information of resource persons.

1.8. A post-disclosure meeting may be required after analyzing and reviewing the incident. This meeting may be coordinated by the Risk Management Department or the Quality and Patient Safety Department to identify the information that can be shared.

2. Disclosure of incidents causing no apparent harm to the patient

2.1. Incidents that reached the patient without causing any harm must be disclosed to the patient (e.g., wrong medication dosage administered with no apparent consequence), especially if the patient risk remains present (e.g., two patients with the same name on the unit). Disclosure encourages a transparent, open and honest relationship with the patient and allows the latter to take an active role in their care safety.

2.2. Incidents that do not reach the patient through timely intervention (near misses) do not generally have to be disclosed to the patient (e.g., wrong medication detected before it was administered to the patient). However, if there is a continuous risk for the patient or the latter noticed the situation, disclosure should occur.

3. Report

3.1 All incidents should be reported in an incident report, whether or not they reach the patient. The incident report should indicate that disclosure was done.

PROCEDURE

1. Planning disclosure

1.1. Initial disclosure is planned before it takes place. The team who will attend this planning meeting includes the attending physician, the nurse manager and/or Director of Nursing, the caregivers involved, as well as the Risk Management Advisor.

1.2. During the planning meeting, it is necessary to specify the facts of the incident, determine who will be present and will direct the initial disclosure, anticipate the patient's emotional reaction, and plan support. (Refer to **Appendix GEN.5.30.20 (1)** for the Disclosure Process Checklist).

2. Disclosure

2.1. Initial disclosure must be made by the individual(s) selected during the planning meeting and must address the facts that are known about the incident.

2.2. It is necessary to make sure that the disclosure takes place in a quiet and confidential location.

2.3. It is necessary to ensure that the family members or persons chosen by the patient to take part in discussions are present.

2.4. Initial disclosure must include:

2.4.1. The facts of the incident;
2.4.2. The impact on the patient's health, the consequences, and the care plan recommended;
2.4.3. An expression of regret;
2.4.4. An offer of support;
2.4.5. An overview of the incident review process that will follow;
2.4.6. A question-and-answer period;
2.4.7. An offer to hold subsequent meetings, if appropriate, and communication of the contact information of resource persons.

3. Documentation

3.1. Document the discussion about disclosure in the patient's record. Refer to item 1.7 of the policy for details.

3.2. Document in the incident report that disclosure was made.

ADDITIONAL RELEVANT INFORMATION

1. Pediatrics

In most cases, disclosure will be made to the parents or guardians. Generally, a child's ability to make decisions about a treatment will determine who will take part in discussions about disclosure without the child's explicit consent. In most circumstances, these discussions should include the pediatric patient, if the latter has the cognitive ability and emotional maturity required to understand the information provided.

2. Ability issues

If the patient has limited ability to understand disclosure of a harmful incident, disclosure will be adapted to the patient's particular circumstances and should involve a family member or the substitute decision maker. Inability should be determined on a case-by-case basis. If doubts persist regarding a patient's ability to receive the information, consultations with other professionals should be considered.

3. Communication issues

If a patient has difficulty communicating due to a visual, hearing, verbal or other impairment, appropriate support may be required to ensure effective communication. This could be an interpreter, other health professionals, family members or friends of the patient. Their role is to help the patient during the disclosure process, ensuring that the latter's points of view are considered and discussed.

4. Linguistic and cultural diversity

The patient's linguistic and cultural needs must be taken into account. The health beliefs and underlying principles must be considered and advice should be sought to ensure that disclosure is held in a culturally acceptable manner.

5. Disclosure to more than one patient

In some cases, it may be necessary to disclose the same incident to more than one patient. Privacy and confidentiality remain important. Discussions about disclosure should be held with only one patient at the time and whenever possible in person. If discussions cannot be held in person, disclosure should be forwarded via registered mail or done over the phone and follow-up must be provided. Also, disclosure should be done to all patients concerned about at the same time and, whenever possible, before any media coverage. The Risk Management Department is responsible for coordinating these types of disclosure.

6. Disclosure in more than one jurisdiction

It is not unusual for patients to receive care in more than one hospital, clinic, health region, province or territory. A harmful incident can be discovered in another jurisdiction than the one where it occurred. The event must be reported to the other jurisdiction to ensure a follow-up. Whenever possible the health professional or facility concerned by the incident should conduct the disclosure process and representatives from the other jurisdictions could be involved.

REFERENCES

Lignes directrices canadiennes relatives à la divulgation des événements indésirables (2008). Institut canadien pour la sécurité des patients.

Disclosure of Harm to Patients and Families – Provincial Framework (2006). Health Quality Council of Alberta.

La communication avec le patient lors d'un préjudice (2008). L'Association canadienne de protection médicale.

Lignes directrices ébauche du Nouveau-Brunswick sur la divulgation des événements indésirables (2011).

Loi sur la qualité des soins de santé et la sécurité des patients, sanctionnée le 28 juin 2016.

Disclosure Process Checklist

Handling the situation

- □ Ensure that the patient's immediate care needs have been met.
- □ Ensure that the patient, staff and other patients are protected against immediate harm.

Planning disclosure

- □ Contact the Risk Management Department to determine how to proceed.
- □ Collect information on the existing facts.
- □ Determine who will be present during discussions and who will lead.
- □ Determine when the initial discussion will be held.
- □ Determine what will be communicated and how disclosure will be made.
- □ Find a private and quiet location to hold the discussions.
- □ Be aware of one's emotions and ensure to have support if needed.
- □ Anticipate the patient's emotions and ensure that support will be available, including the individuals chosen by the patient to take part in the discussions, such as family members, friends or spiritual and religious care representatives.

Initial disclosure

- □ Introduce participants to the patient, specifying what they do and why they are present.
- □ Use a language and words that the patient understands.
- □ Describe the facts of the incident and the results known to date.
- □ Describe the action that was or will be taken in the care provided to the patient (if needed, changes made in the care plan).
- □ Avoid speculating or blaming.
- □ Express regret.
- □ Inform the patient about the review process that will follow and about what the patient could learn from that process, including appropriate deadlines.
- □ Give the patient time to ask questions and ensure that the patient understands the information.
- □ Be sensitive to the patient's linguistic or cultural needs.
- □ If needed, offer the patient to hold subsequent meetings and share the contact information of resource persons.
- □ If needed, offer the patient practical and emotional support such as spiritual support, counselling, etc.
- □ Facilitate a meeting and additional treatments if required.

Post-review disclosure

- □ Continue offering practical and emotional support as needed.
- □ Corroborate or correct the information provided during previous meetings.
- □ Provide additional factual information as it becomes known.
- □ Reiterate regrets and present an apology.
- □ Describe the action taken following the review such as improvements to the system.

Documentation

Documentation must include the following:

- □ The date, time and location where the disclosure occurred;
- □ The name and title of individuals who were involved;
- □ Facts presented during the discussion;
- □ The support offered and answers;
- □ Questions asked and answers provided;
- □ Follow-up plans, including the contact information of resource persons.