

	<b>Name of Manual:</b> <b>ADMINISTRATION</b>	<b>Policy Number:</b>
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	<b>Policy Name:</b> <b>DISCLOSURE</b>	

## POLICY

All employees are responsible for reporting occurrences in the Clinical Safety Reporting System (CSRS) in accordance with the Occurrence Reporting Policy (see Occurrence Reporting policy).

In keeping with our Values, Mission, Vision and organizational goal to enhance a culture of patient safety, Central Health will disclose to clients and/or their families/substitute decision makers any occurrences that have caused or have the potential to cause temporary or permanent harm to a client.

Disclosure of a close call that does not pose a future risk to the client is discretionary, but still requires completion of a close call report in the CSRS by health care providers to ensure a record is maintained and lessons can be learned.

Disclosure will occur in person whenever practical. Disclosure of medical issues will be provided by the most responsible physician and may involve the risk manager depending on the severity of harm, how/when it was identified and the investigation required. If the occurrence is related to care provided by another care provider, the most responsible director/manager or designate will consult with the risk manager or senior leader to decide on the most appropriate care provider to lead the disclosure discussion. The level of consultation required prior to disclosure will be dependent on the severity of the harm or potential harm and the number of clients impacted.

Education regarding disclosure will be provided by trained facilitators and all staff/managers that provide direct care and could potentially be involved in a disclosure process are required to attend.

All public communication related to disclosure will be managed through the Communications Department in consultation with the Chief Executive Officer.

### Multi-client Disclosure

Multi-client occurrences are often very complex, requiring prompt action, coordination and communication. A leader to coordinate disclosure in these types of events will be designated by the Senior Leadership Team.

Disclosure to clients in a multi-client occurrence happens before public communication, unless one of the following circumstances dictates otherwise:

- a. the medical necessity for rapid contact with large numbers of clients;

- b. uncertainty that internal databases or client 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 significant public concern about the quality of care in Central Health.

When there has been public communication, follow-up in writing will occur for all individuals who have been impacted by the adverse event. Consideration will be given to establishing a toll-free number for clients and family members to call with questions.

Disclosure in a multi-client occurrence happens by adhering as closely as possible to the guidelines/procedure for disclosure in a single client occurrence as outlined in this policy.

When harm has been determined to have occurred, the procedure for disclosure in a single client event must be followed. Individual disclosure should be planned so that all clients involved receive the information at approximately the same time.

For occurrences where the potential for harm is unknown or retesting and/or clinical investigations are required in-person disclosure is preferred but may not always be practical. In these circumstances, disclosure can happen by registered mail or telephone. All disclosures made by telephone must be documented in the client file and followed up with a letter to the client via registered mail.

The key factors to consider when deciding to follow in-person disclosure or another type of disclosure in a multi-client occurrence are:

- the urgency to reach a new diagnosis or treatment decision
- the severity of the potential adverse event
- the number of people affected
- the practicality of disclosing the occurrence to the clients in a short period of time.

For a multi-client occurrence where it has been determined that no harm has occurred, disclosure may happen by letter, telephone, or in person, as practical. An opportunity will be provided for follow-up. All contact will be documented in the client file along with copies of all correspondence and/or will be maintained in the risk file with the Corporate Improvement Department. In circumstances where there is a multi-client occurrence, a database may be developed and maintained and will store information related to communication with clients.

### **Multi-Jurisdictional Disclosure**

When occurrences are discovered outside the jurisdiction where the event took place, the healthcare organization and/or health care provider/clinician reports the occurrence to the jurisdiction where the event occurred. The Provincial Multi-Regional Crisis Management Protocol will be followed in providing direction for the management of the disclosure. The organization where the event occurred leads the disclosure process, and communicates with

the designated lead person assigned by each authority/hospital/facility to liaise in this process.

The designated lead person in Central Health for multi-jurisdictional disclosure will be the Vice President for Quality, Planning and Priorities. The Vice President will, in consultation with the designated leads in other identified jurisdictions, the appropriate manager/leader and Senior Leadership Team of Central Health, decide on the appropriate pathway for disclosure (individual and/or public communication).

In a multi-jurisdictional event, the multi-client disclosure procedure will be followed.

## **PROCEDURE**

### **Initial Disclosing of an Occurrence**

1. Identify an occurrence which has resulted in an adverse event or an unanticipated medical outcome which affected a client.
2. Notify the manager/director, most responsible physician and risk manager immediately, if not already aware. On the weekends/holidays and after 1600hrs on weekdays the Senior Leader on call will be notified.
3. The most responsible physician or most responsible care provider, as appropriate, will discuss the occurrence and process for disclosure with manager/director and risk manager and together will:
  - a. Review all relevant records available and promote understanding of the event;
  - b. Review the client's medical, personal, social, language, religious and cultural needs;
  - c. Identify those responsible to conduct the disclosure;
  - d. Identify the need for and make available any resources to assist the client's understanding and coping with the disclosure (e.g. family members, language translators, Client Relations Coordinator, social worker, chaplain, psychologist);
  - e. Assess and support the emotional needs of the health care provider as appropriate (e.g. psychological first aid, Employee Family Assistance Program). Health care providers may contact their professional bodies/associations (e.g. union, professional association, relevant protective society) at their own discretion for information and/or supports that may be available.
4. Arrange a private setting for the client and their support person(s), if desired, to meet with the person(s) who will provide the disclosure. This meeting should take place as soon as practically possible after identification of an occurrence, and preferably within 24-48 hours. Central Health will provide support for travel cost to facilitate the attendance of clients and their support person(s) at a disclosure meeting.

5. Consult with other health care providers or an ethicist as deemed appropriate if there is concern about the ability of the client to understand the information to be discussed.
6. Provide disclosure consisting of a factual, objective, non-technical summary of events that the client can easily understand. This includes:
  - a. A description of what happened and why (sequence of events); follow up actions taken; consequences/potential outcomes of the harm;
  - b. An expression of regret that harm or potential for harm occurred. It is recommended that the statement "I am sorry" be part of the apology;
  - c. As appropriate, discussion of options for clinical investigation and treatment, including the offer of a second opinion if desired. Give consideration to practical support of the client such as reimbursement for further health care travel related to the adverse event;
  - d. Facilitating an offer to the client and/or family members for access to emotional and psychological services should they decide to avail of same;
  - e. Plans to review the occurrence with a goal of implementing strategies to prevent recurrence where possible. The client will be provided with a copy of any reports emanating from a review, if requested;
  - f. The provision of a contact person in the event that the client and/or significant others have additional questions or concerns following the disclosure.

The disclosure will not include speculation, blaming specific individuals, legal admission of liability, or denial of responsibility.

It may be necessary to arrange subsequent disclosure discussions with the client and/or their support person(s) 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. Central Health will consider providing supportive services, including counseling and/or support for travel costs, to the client and/or significant others as part of the arrangements for subsequent disclosure discussions. Requests for funding to provide assistance to the client and/or family should be discussed with the Risk Manager.

7. The individual disclosing to the client must document the discussion related to the disclosure in the client record. If more than one person is involved in the disclosure discussion, each person (other than the author) should individually indicate their confirmation of the documented account of the disclosure, or document individually. This documentation must include:
  - a. Date, time and place of disclosure;
  - b. All individuals present and relationship to client;
  - c. Brief summary of facts presented, questions raised and answers given;
  - d. Follow up services offered and accepted or rejected;
  - e. Client response;
  - f. Request to review the client file;

- g. Plans to provide the client with further information that becomes available;
  - h. Identification of a key contact person for the client/family;
  - i. Refusal to receive disclosure information (if applicable);
  - j. All related letters and telephone calls (time, date, by who, reason for contact and if contact made; if a telephone message was left, the name of the person who the message was left with, etc.).
8. The manager/director and/or Risk Manager (dependent on the circumstance) will assess the emotional needs of health care providers involved in the disclosure, provide support as required and advise all health care providers involved of services available through Employee and Family Assistance Program. (See Employee Wellness/Health & Safety Policy 6-20, Psychological First Aid.)

### **Post Review/Follow-up of Disclosure**

After a review of an adverse event is complete, the appropriate members of the review team will arrange for a follow-up disclosure meeting with the client and/or family. The follow up disclosure meeting should include:

- a. An apology as appropriate;
- b. Review of actions taken to mitigate the circumstances surrounding the event;
- c. Discussion of corrective actions taken to prevent further similar adverse events;
- d. Response to client/family questions;
- e. Documentation of the discussion including:
  - i. date, time and place of meeting,
  - ii. all individuals present and relationship to client,
  - iii. brief summary of facts presented and actions taken,
  - iv. client response including questions raised and answered,
  - v. offers of assistance and client response,
  - vi. any plans for further discussion or follow-up,
  - vii. identification of key contact person for client/family;
- f. Determination of any further follow-up or support required.

Documentation of the disclosure meeting will be placed on the client file.

### **REPORTING TO DEPARTMENT OF HEALTH AND COMMUNITY SERVICES**

In the event of multi-client disclosures and any other disclosure that may raise public concerns about the quality of health and community services and related adverse event, the Minister of Health and Community Services will be informed by way of a written briefing, or verbally for urgent information. Information will be communicated by the Senior Leadership Team.

## DEFINITIONS

<b>Adverse Event</b>	An occurrence that results in unintended harm to the client and is related to the care and/or services provided to the client rather than to the client's underlying condition.
<b>Client</b>	Refers to patient, resident and/or client in an acute care, long term care or community setting.
<b>Close Call</b>	A potential adverse event that did not actually occur due to chance, corrective action and/or timely intervention.
<b>Disclosure</b>	The process of informing affected clients and families about any occurrence with harm or potential harm that may have occurred as part of a service or procedure and that has reached the client or has the potential to affect the client's health in the future.
<b>Most Responsible Physician</b>	The physician most responsible for the health care treatment of the client during the course of which the adverse event occurred.
<b>Most Responsible Care Provider</b>	The care provider who is familiar with the client and has the responsibility for providing the care and/or services during the course of which the adverse event occurred.
<b>Occurrence</b>	An undesired or unplanned event that is associated with the care or services provided to a client and/or associated with risk to visitors, property or the organization resulting from a commission or omission and includes close calls and problems in professional practice, products, procedures and systems.

## GUIDELINES

Canadian Patient Safety Institute. (2011). *Canadian Disclosure Guidelines*. Edmonton, Canada.

## REFERENCES

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