# DISCLOSURE of ADVERSE EVENTS

## Capital Health (NS) Policy

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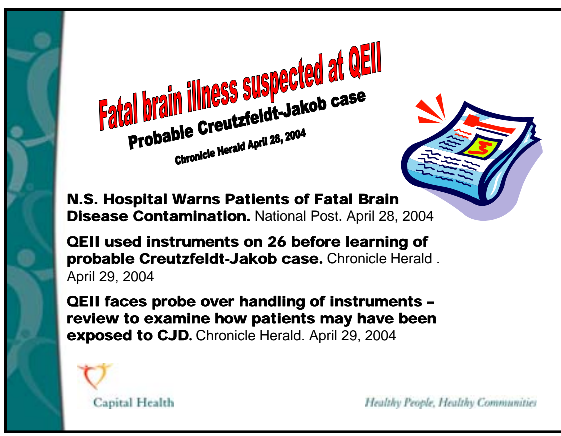
***"Being open when things go wrong is fundamental to the partnership between patients and those who provide their care".***

*Being Open: Communicating Patient Safety Incidents with Patients and their Carers. National Patient Safety Agency, 2004 (UK)*

## Where did we start?

- 1992 - 1995 (1 page)
  - Patients have the right to know about unusual events that happen in their care.
  - Told staff to "just do it", but not how.
- 2000 (2 pages)
  - Incorporated more support and resources.
- 2005 (12 pages)
  - Training, checklists and team approach.




## What we learned from this…

- needed a clear process and procedure for disclosure of adverse events involving large groups;
- the Department of Health coordinated a public review in July/August 2004;
  - Recommended a provincial policy strategy which lead to the Nova Scotia Health Department *Disclosure of Adverse Events Policy* in March 2005.

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## Disclosure

- the imparting, by health-care workers to patients or their significant others, of information pertaining to any *health-care event [adverse event]* affecting (or liable to affect) the patient's interests. The obligation to disclose is proportional to the degree of actual **harm** to the patient (or realistic threat of such) arising from an untoward event.

*Canadian Patient Safety Dictionary (2003) RCPSC. p.55*
*http://rcpsc.medical.org/publications/PatientSafetyDictionary_e.pdf*

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## CH Definition of ***Adverse Event***

- Unexpected and undesired incident during care;
- Associated with care provided to the patient/client/resident or the care environment;
- Does/reasonably expected to negatively affect health (physical or psychological) and /or quality of life.

*CH Policy 70-006 Disclosure of Adverse Events July 2005*

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## We needed a definition of Harm…

Harm is defined as death, disease, injury, psychological effects, and/or any disability experienced by the patient as a result of the adverse event.

*CH Policy 70-006 Disclosure of Adverse Events July 2005*

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## CH Guiding Principles & Values…Why?

- Culture of:
  - Patient/client-centered health care;
  - healthcare safety ;
  - ethical care.
- Failure to disclose:
  - undermines patient & public confidence.
- Managing adverse events:
  - facilitates systems improvements;
  - aids in prevention of future events;
  - potential for preventing claims.

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## We needed two processes…

- **Type A**
  - Involves a particular patient/ family/ significant others.
- **Type B**
  - Involves or potentially involves groups of persons on issues of legitimate public interest (e.g. communicable disease).

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## Staff needed clear directions on Disclosure in the policy…

1. All care providers (staff, physicians) are obliged to inform manager or appropriate person about adverse events;
2. Disclosure of information as soon as possible after recognition of event;
3. Adverse events are discussed with patient directly or the substitute decision-maker.

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## Staff wanted a step-by-step Disclosure Procedure…

- Inform manager or appropriate designate;
- Initial assessment (Type A or B);
- Designate “disclosure team” with RM as needed;
  - care provider/ physician/ manager & may include Director, Patient Representative, Spiritual Care, Social Worker based on individual situation and needs.
- Patient can have support person of their choice.

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## Criteria for the person to initiate disclosure…

- Known/trusted by patient;
- Good interpersonal/ communication skills;
- Be culturally aware;
- Good grasp of the ***factual*** information;
- Well informed about the patient's needs;
- Willing/ able to express regret;
- Provide sensitive feedback;
- Willing & able to maintain medium to long-term relationship.

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## CH Internal Disclosure (Type A) Steps…

- Initial disclosure discussion;
- Verbal summary at closing;
- Written summary in the health record (e.g. Progress Notes);
- Stress debriefing/ EAP (Employee Assistance Program) for care providers;
- Summary of review if applicable (signed by the appropriate VP).

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## Critical Success Factors to consider…

- Adequate time for initial assessment;
- Consistent with normal care practices;
- Clinical condition of patient;
- Patient/ substitute decision-maker preferences;
- Availability of key staff/ communicators;
- Availability of family/ support persons;
- Availability of support staff;
- Privacy and patient comfort;
- Patient-centered location for disclosure.

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## Success Factors…

- Communicate a strategy to deal with immediate situation;
- Need the plan for follow-up be specific (e.g. when, where, what and whom);
- Check that patient understands and summarize the discussion; and
- Be clear about when the next contact will occur.

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## External Disclosure (Type B)

- Public Affairs develops the communication strategy with content experts;
- Public Affairs designates the authorized spokesperson:
- Written permission from patient/ decision-maker required for public release of information (Courtesy & will not identify them.);
- External timeline for release ASAP, as a third party may do it for you.

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## Exceptions to Disclosure (CH)

In some cases information may be withheld or restricted from disclosure:

- when it is considered that disclosure of information may adversely affect the health of the patient; and/or
- where investigations are in progress by the Office of the Chief Medical Examiner and /or by legislation.

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## Exceptions to Disclosure (cont.)

- contractual arrangements with insurance provider may preclude disclosure of specific information;
- where information is protected from disclosure under legal professional privilege or qualified privilege under the *Nova Scotia Evidence Act* and/or the *Freedom of Information and Protection of Privacy Act (NS).* (e.g. Lawyer/Client privilege or Quality/Medical Peer Review); and/or
- where private information regarding the individuals involved or Human Resource information is requested.

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