

Road to Consensus: Canadian Disclosure Guidelines

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Disclosure Guidelines - History

- CPSI mandate 2005
- First DWG meeting 2006
- Environmental scan and backgrounder summer-autumn 2006
- Draft guidelines winter-spring 2007
- National consultation spring-summer 2007
- More feedback, DWG discussion and revision autumn 2007
- Guideline publication April 2008



Disclosure Working Group

Representatives from the following organizations:

Best Medicines Coalition
Canadian Bar Association (Health Law Section),
Canadian College of Health Service Executives (CCHSE),
Canadian Council on Health Services Accreditation (CCHSA),
Canadian Healthcare Association (CHA),
Canadian Medical Association (CMA),
Canadian Medical Protective Association (CMPA),
Canadian Nurses Association (CNA),



Disclosure Working Group

Representatives from the following organizations, continued:

Canadian Nurses Protective Society (CNPS),
Canadian Pharmacists Association (CPhA),
Canadian Patient Safety Institute (CPSI),
Canadian Society of Hospital Pharmacists (CSHP),
Federation of Medical Regulatory Authorities Canada (FMRA),
Health Quality Council of Alberta (HQCA),
Healthcare Insurance Reciprocal of Canada (HIROC),
National Association of Pharmacy Regulatory Authorities (NAPRA),
National Council on Ethics in Human Research (NCEHR).

Canadian Patient Safety Institute Building a safer Health System



Legal/Policy Landscape ca. 2005

- Consensus on significance of adverse event prevalence
- Emerging local patient safety initiatives
- Emerging organizational disclosure practices locally
- Uncoordinated legal and policy guidance on disclosure



Objectives of Canadian DG

- Facilitate patient/healthcare provider communications that respect and address the needs of patients and strengthen relationships;
- Promote a clear and consistent approach to disclosure;
- Promote interdisciplinary teamwork; and
- Support learning from adverse events.



Guiding Principles

- Patient-centered healthcare;
- Patient autonomy;
- Healthcare that is safe;
- Leadership support;
- Disclosure is the right thing to do;
- Honesty and transparency.



Application of the Guidelines

- Intended to assist and support policy and practice
- Not intended to dictate policies or impose practice standards
- Variations expected and encouraged to adapt to local circumstances
- Disclosure policies should be developed with legal advice



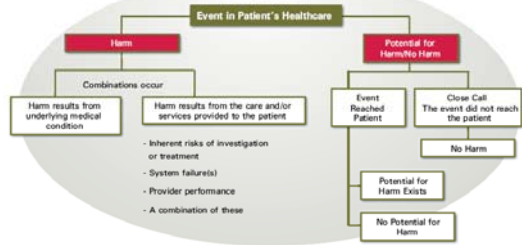
Definitions: disclosure, harm, AE

- Disclosure is the process by which an adverse event is communicated to the patient by healthcare providers.
- Adverse event (AE) results in unintended harm to the patient, and is related to care and/or services provided to the patient rather than to the patient's underlying medical condition.
- Harm is an outcome that negatively affects a patient's health and/or quality of life.



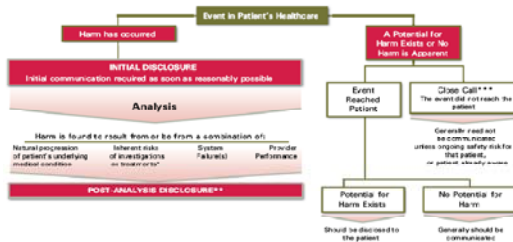
Understanding Harm

Illustration A: Understanding Harm and no Harm Events



Threshold For Disclosure

Illustration B: Determining the Type of Event and the Requirements for Disclosure



* Refers to harm known to be associated with the investigation or treatment
 ** Management in consultation with providers to determine what further information is to be disclosed.
 *** It is strongly encouraged that close calls be reported to healthcare organizations



Avoiding the Word "Error"

- AEs rarely arise from a single event;
- A series or cascade of events;
- Provider error may seem logical choice;
- Often a result of latent events:
 - Equipment & facilities design;
 - Training & maintenance;
 - Organizational factors (P&Ps).
- Providers are still responsible and accountable for their work (Just Culture).



Expression of Regret

Apology: An expression of sympathy or regret, a statement that one is sorry.

- Early expression communicates genuine concern and sympathy;
- Subsequent expressions of regret may be important;
- When the institution is responsible, acknowledge the responsibility and provide an apology;
- Apology is NOT an expression of liability, that is a decision for the court;
- Avoid using “negligence”, “fault”, and “failure to meet the standard of care”.



Policy and legal landscape ca. 2008

- Legislated mandatory disclosure MB, ON
- Legislative protection of apology BC, SK, MB, AB, ON
- Proliferation of guidance: CMPA, OHA
- Proliferation of local innovation: WRHA



What's next?

- Apology
- Multi person disclosure
- Communication training inventory



- Questions?