

SUBJECT: **Disclosure of Adverse / Sentinel Events**
APPROVED BY: Chief Executive Officer _____
EFFECTIVE DATE: 2008 02
REVISED DATE:
REVIEW DATE:

Purpose:

- To foster a culture of safety by promoting an environment in which adverse and sentinel events are openly identified and discussed.
- To provide guidelines for a clear and consistent approach to the disclosure of adverse / sentinel events to clients, residents and their families.
- To uphold the client's right to be informed of all aspects of their care.

Policy/Standard:

Labrador-Grenfell Health will disclose adverse / sentinel events as per the following guidelines.

Materials Required:

- Incident Report Form # PSQ-5-20-1 (Blue)
- Medication Incident Report Form # PSQ-5-20-2 (Yellow)
- Client's Clinical Record
- Appendix A – The Disclosure Process
- Appendix B – Communicating with the Client

Related Policies:

- PSQ-5-20 Incident Reporting
- PSQ-5-30 Adverse / Sentinel Events

Procedure:

Immediately following identification of an adverse/sentinel event:

1. Meet the immediate care needs of the client.
2. If necessary, protect the client, employees and others from immediate harm.
3. Complete an Incident Report form as per the Incident Reporting Policy (PSQ-5-20) and notify Risk Management immediately.
4. Meet with all appropriate personnel involved in the incident.
5. Gather the facts and determine the appropriate Severity Level as per the Adverse / Sentinel Event Policy (PSQ-5-30).

Disclosure, as outlined in Appendix A – The Disclosure Process, should occur following every adverse event of Severity Levels 3 through 6.

Whenever possible, the disclosure process should start within 1 to 2 days of the incident.

6. Develop a **DISCLOSURE PROCESS PLAN**:

- (a) Establish who will be present and who will lead the discussion. The most responsible care provider will fully and honestly explain the outcome to the client and when appropriate to the client's authorized decision-maker (next-of-kin). Another staff member, if deemed appropriate, may explain the outcome to the client/authorized decision-maker.
- (b) Schedule time for the initial discussion.
- (c) Formulate what will be said and how the disclosure will be communicated.
- (d) Locate a private area, free of interruptions, to hold disclosure meeting.
- (e) Be aware of your emotions and seek support if necessary.
- (f) Anticipate client's emotions and provide support, as appropriate. The client may choose other individuals to be part of the discussion such as family, friends or other representatives.

7. During **THE DISCLOSURE DISCUSSION** (See Appendix B - Communicating with the Client):

- (a) Introduce the participants, their functions, and reasons for attending the meeting.
- (b) Use language and terminology that is appropriate for the client.
- (c) Describe the facts of the adverse event and its outcome known at the time.
- (d) Describe any actions that are taken as a result of internal investigations such as system improvements.
- (e) Describe the steps that were and will be taken in the care of the client (changes to care plan as applicable).
- (f) Avoid speculation or blame.
- (g) Express sympathy or regret, as appropriate.
- (h) Inform the client of the process for investigating and what the client can expect to learn from the investigation, with appropriate timelines.
- (i) Allow time for questions and clarify whether the information is understood.
- (j) Be sensitive to cultural and language needs. Make arrangements for interpreter services as needed.
- (k) Offer to arrange subsequent meetings along with sharing key organizational contact information.

- (l) Offer practical and emotional support such as spiritual care services, counseling, as needed.
 - (m) Facilitate further investigation and treatment if required.
8. **DOCUMENT** the disclosure discussion as per organizational policies and practices in the client's health record and include:
- (a) The time, place and date of disclosure discussion.
 - (b) The names and relationships of all attendees.
 - (c) The facts presented in the discussion.
 - (d) Offers of assistance and response.
 - (e) Questions raised and the answers given.
 - (f) Plans for follow-up with key contact information for the organization.
9. Provide support for employees, with offer to EAP services, if necessary.

References:

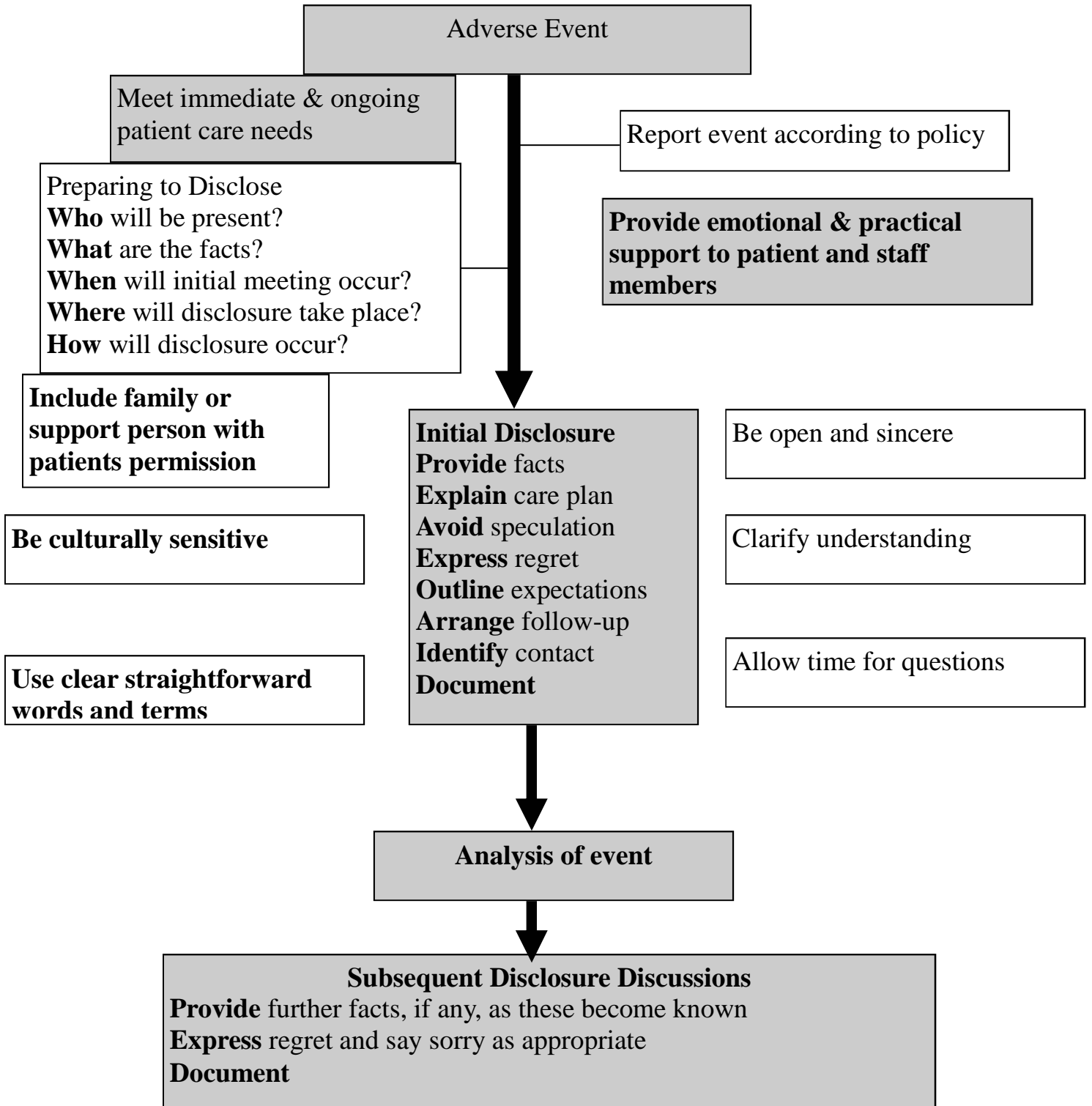
Canadian Patient Safety Institute, Draft National Guidelines for the Disclosure of Adverse Events, May 2, 2007

College of Physicians and Surgeons of Newfoundland and Labrador –
“Disclosure of an Adverse Outcome”.

NL Association of Healthcare Risk Managers Client/Resident/Client Safety Manual

Glossary 6th Edition, CCHSA, 2007

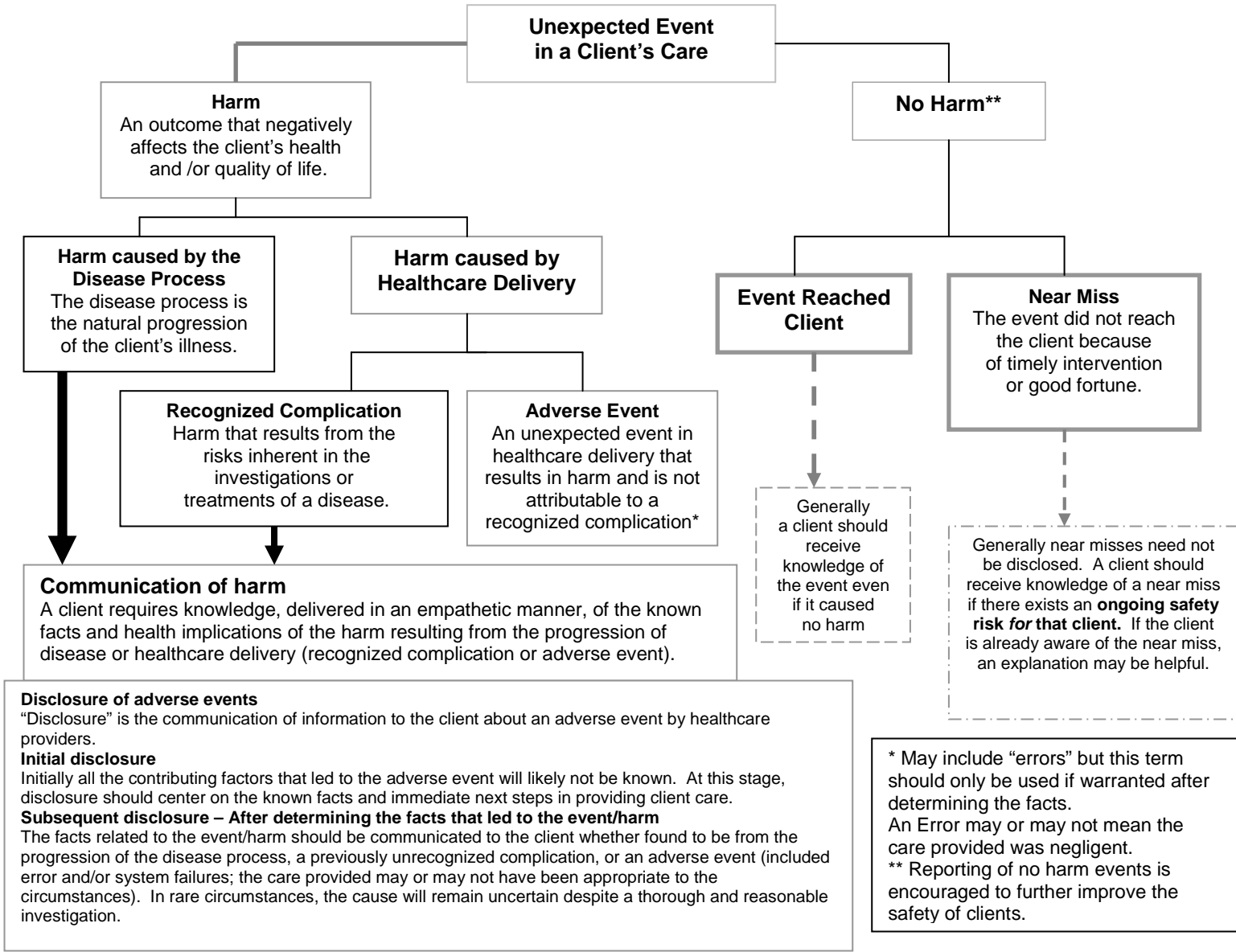
The Disclosure Process



Appendix B: Communicating with the Client about an Unexpected Event

May include the family and others with the Client's permission, or with the designated substitute decision maker for the Client who lacks capacity.

Ongoing communication and support to client, family and providers



Quality Assurance

System Focus

Quality improvement processes

Reporting, investigation, analysis and recommendations