Section 9 Clinical Policies Subject 9.13 Admissions, Transfers, and Discharges **Policy 9.13.18 Disclosure of Unanticipated Outcomes**	08/29/03-Originated 10/11/12-Reviewed w changes - Reviewed w/o changes 11/27/12 - Effective Risk Management - Author

Disclosure of Unanticipated Outcomes

Definitions

Disclosure: The initiation of a discussion with a patient or the patient's representative regarding an unanticipated outcome.

Outcome: The result of the performance (or nonperformance) of a function(s) or process(es).

Unanticipated Outcome: A result of a treatment or procedure that differs significantly from what was anticipated.

Surrogate decision-maker: An individual with decision-making capacity that is identified as the person who has authority to consent to medical treatment on behalf of an incapacitated patient in need of medical treatment. (Refer to IHOP 9.3.17 Patient Consent-Overview and Basic Requirements.

Policy

Patients have the right to receive accurate, timely, and easily understood information so that they can make informed decisions about their care. Open and ongoing communication with patients about their care and the outcomes of such care is critical so that patients can be full partners in their health care. Any health care professional who believes that an unanticipated outcome requiring disclosure has occurred should report the event to Risk Management. It is our obligation as health care providers to inform patients (or their surrogate decision-maker) about outcomes of all care, including unanticipated outcomes, as soon as reasonably possible. The goal of the disclosure process is to provide accurate, factual and timely information to the patient (or their surrogate decision-maker) when an unanticipated outcome occurs.

Disclosure Process

The following process was developed to assist physicians in communicating accurate, factual and timely information when an unanticipated outcome occurs.

Step	Action
1	Whenever possible, Risk Management should be contacted prior to the discussion so that they can provide assistance or engage an experienced coach to provide advice and support.
2	The attending faculty physician responsible for the patient's care typically serves as the primary communicator of an unanticipated outcome to the patient, unless another

Disclosure Process, continued

Step	Action
2, continued	clinician is deemed to have a better working relationship with the patient/family. At least one other staff member should be present during the disclosure process. If the patient is incapable of understanding a discussion of this nature, the disclosure should be made to patient's surrogate decision-maker.
3	The intent of disclosure is to provide necessary medical information, not a basis for liability. The disclosure should not place blame or discuss fault. Questions should be answered factually and directly, but without speculation regarding matters not yet known.
4	The attending faculty physician managing communications with the patient (or their surrogate decision-maker) should only disclose all relevant information specific to the unanticipated outcome affecting the patient. During discussions, the following subjects may be addressed, although discussion of these items is not required: 1. Regret or apology that the event occurred 2. The nature of the event 3. The time, place and circumstances of the event 4. **If known**, the proximal cause of the event 5. **If known**, definite implications of the event for the patient's health and treatment plan (and, if there are potential or anticipated consequences, a clear description of what and how the team will be monitoring for their emergence) 6. The actions that were taken to treat or ameliorate the consequences of the event 7. If appropriate, who will manage the ongoing care of the patient 8. Actions taken, if any, to identify system issues which may have contributed to the event and to prevent the same or similar events from occurring 9. Plans for any follow-up and the likely timeframe for the next discussion, if appropriate 10. The contact number for Patient Services, if the patient/family expresses a desire to file a complaint.

Documentation

The attending faculty physician designated as the primary communicator with the patient shall document in the progress notes of the patient's medical record what was communicated to the patient and any responses or discussions that occurred. The names of any staff members present during the disclosure should also be noted.

Documentation, continued

Information gathered as part of the quality management peer review process or any other confidential investigation, procedure, or medical committee, should not be disclosed either internally or externally, except in accordance with UTMB policy.

Risk Management shall be responsible for completion and filing of any mandatory reports to outside regulation agencies.

References

IHOP Policy 9.13.16 Sentinel Events
IHOP Policy 9.13.13, Unusual Event Reporting
The Joint Commission's *Comprehensive Accreditation Manual for Hospitals* (CAMH)