

Institutional Handbook of Operating Procedures
Policy 09.13.18

Section: Clinical Policies	Responsible Vice President: EVP and CEO Health System
Subject: Admission, Discharge, and Transfer	Responsible Entity: Risk Management

I. Title

Disclosure of Unanticipated Outcomes

II. 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-makers](#)) 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 the surrogate decision-maker) when an unanticipated outcome occurs.

III. 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 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 the 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 the 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: <ol style="list-style-type: none"> 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.

IV. Documentation

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

V. Related UTMB Policies and Procedures

- [IHOP - 09.13.16 - Sentinel Events](#)
- [IHOP - 09.13.13 - Unusual Event Reporting](#)

VI. Dates Approved or Amended

<i>Originated:</i> 08/29/2003	
<i>Reviewed with Changes</i>	<i>Reviewed without Changes</i>
10/11/2012	12/22/2016
	10/19/2021

VII. Contact Information

Risk Management
(409) 747-8738