

# LAC+USC MEDICAL CENTER

## ATTENDING STAFF POLICY & PROCEDURE

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Subject: <b>DISCLOSURE OF OUTCOMES: ANTICIPATED AND UNANTICIPATED</b>		Original Issue Date: May 1, 2002 Supersedes: 10/2/13	Policy # <b>ASA 102</b> Effective Date: 5/4/2022
Departments Consulted: Medical Administration Quality Management Risk Management	Reviewed & Approved by: Ethics Resource Committee Fetal, Infant Child Committee Attending Staff Association Executive Committee	Approved by:  (signature on file) President, Attending Staff Association	

### PURPOSE

To ensure patients are informed of an unanticipated outcome that is injurious or potentially injurious as a result of care or treatment rendered.

### POLICY

Patients or appropriate surrogates are entitled to information about the outcomes of diagnostic tests, medical treatment, and surgical intervention regardless of whether the outcomes were anticipated or unanticipated.

The responsible physician should clearly explain the outcome of any treatment or procedure to the patient and must explain unanticipated outcomes. The discussion should clearly explain results of any additional treatment plans. If more than one clinical service is involved, collaboration should occur when appropriate. The Office of Quality Management or Risk Management is available to assist in the development of a plan of disclosure.

### DEFINITIONS

**Unanticipated Outcome:** An outcome that the healthcare provider did not expect to occur (although they may have been aware that the occurrence was possible) and that currently has or may in the future have a significant impact on patient care, treatment, or well-being. An unanticipated outcome may or may not result from medical error. An unanticipated outcome may or may not constitute a Sentinel Event.

### PROCEDURE

#### Identification of Unanticipated Outcomes

- Unanticipated outcomes shall be identified by caregiving staff, as soon as reasonably possible.
- The patient's physician shall be notified immediately of any anticipated or unanticipated outcome that poses a threat to patient health, safety, or well-being. Notification to the patient's physician of an unanticipated outcome that does not pose a threat to patient health, safety, or well-being shall be made as soon as practicable but without undue delay.
- In emergency situations, the primary focus shall be on providing the patient with appropriate care to address the emergency.

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- The physician or designee shall notify the Office of Risk Management by telephone as soon as practical, if indicated.
- Healthcare personnel will complete an event notification form to report the unanticipated outcome in accordance with Event Notification Guidelines #300, if indicated.

**Disclosure of Unanticipated Outcomes**

- Disclosure is the responsibility of the physician.
- Disclosure shall be made in a timely manner.
- The patient, or when appropriate, the legal/surrogate representative shall be informed about the outcomes of care, including unanticipated outcomes utilizing Sorry Works.
- If the cause of an unanticipated outcome is under investigation, the investigation process may not delay the timely disclosure of necessary information to the patient or the patient's legal/surrogate representative.
- The patient's primary physician or designee and a hospital representative, when reasonable, shall make the disclosure of an unanticipated outcome. In all cases, the designee must have the appropriate medical knowledge and be sufficiently familiar with the patient's care to answer questions regarding the patient's care and the unanticipated outcome.
- Physicians or other healthcare personnel with concerns about disclosure may discuss their concerns with their supervisors, Risk Management, Fetus, Infant, Child Ethics Committee or the Ethics Resource Committee to clarify the appropriate approach.

**Information Subject to Disclosure of Unanticipated Outcomes**

- Disclosure of an unanticipated outcome does not necessarily constitute an admission of liability.
- Disclosing personnel should not assume fault or error was involved in the unanticipated outcome.
- Disclosing personnel must avoid conveying that error or fault caused the unanticipated outcome until an investigation is complete.
- A disclosure should contain the following elements as applicable:
  - Acknowledgement of the unanticipated outcome;
  - Data known to date;
  - How the unanticipated outcome will affect patient care and actions taken to treat the patient;
  - A statement that a full analysis will take place;
  - An expression of concern, sympathy, compassion; and

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- Inform the patient and/or legal/surrogate representative that Social Services or Spiritual Care resources are available to the patient and family to deal with the unfavorable outcomes, including unanticipated outcomes.
- Disclosure should include the names of individual healthcare providers who played a significant role in the provision of care. Disclosure need not volunteer the names of individual healthcare providers involved in the occurrence to the extent that such providers did not play a significant role in the provision of care and were not already known by the patient or the patient's surrogate decision-maker.

**Documenting Disclosure**

- Whenever a physician discloses an unanticipated outcome to a patient or the patient's surrogate decision-maker, the physician shall document in the patient's healthcare record that the discussion occurred and the contents of that discussion.
- The documentation should include the following elements:
  - Documentation of the time and date of disclosure;
  - List of names and relationship to patient of those present;
  - Documentation that there was a discussion of the unanticipated outcome and the contents of that discussion; and
  - A brief, factually based description of the unanticipated outcome.

**Investigation of the Unanticipated Outcome**

- Unanticipated outcomes that constitute a Sentinel Event shall be investigated in accordance with Sentinel Event Policy #303. Not all Unanticipated Outcomes are Sentinel Events.
- Upon receiving notification of the unanticipated outcome, the Risk Management Office will initiate an investigation in collaboration with the Quality Improvement Department, in compliance with the practices and policies of the Attending Staff Association and the Medical Center following the principals of Just Culture.
- Upon analysis of the event, Risk Management and Quality Improvement will assist in the development and implementation of an appropriate corrective action plan, following Just Culture, which will be forwarded to the Attending Staff Association and Medical Center administrative leadership for approval in compliance with practices and policies of the Attending Staff Association and Medical Center.

**RESPONSIBILITY**

Attending Staff  
Housestaff  
Administration

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**PROCEDURE DOCUMENTATION**

Attending Staff Manual, Policies, Procedures and Guidelines

**REFERENCES**

California Code of Regulations, Title 22, Section 70707, Patient Rights  
LAC+USC Healthcare Network Policy # 300, Event Notification Guidelines  
LAC+USC Healthcare Network Policy # 303, Sentinel and Critical Clinical Event Reporting,  
Investigation, and Follow-up  
Joint Commission National Patient Safety Standards

**REVISION DATES**

May 1, 2002; May 5, 2005; May 5, 2010; October 2, 2013; May 4, 2022