

## HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

<b>SUBJECT:</b> XVI-103 MEDICAL OUTCOMES DISCLOSURE	<b>POLICY #:</b> 1036
	<b>VERSION:</b> 1
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<b>DATE APPROVED:</b> 09/29/2017	

**PURPOSE:** To establish a consistent procedure for delivering appropriate and patient-centered disclosure of unanticipated outcomes to affected patients and/or their families.

**POLICY:** The High Desert Regional Health Center (HDRHC) Ambulatory Surgical Center (ASC) will be proactive in disclosing to patients who have sustained an unanticipated outcome or who have been injured because of accidents or medical error.

### DEFINITIONS:

- I. **Unanticipated Outcome:** An outcome that differs significantly, whether for the better or the worse, from what the practitioner expected. Unanticipated outcomes are broader but include "sentinel events."
- II. **Sentinel Event:** An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof.

### PROCEDURE

- I. Serious events will be reported to the ASC Medical Director and Nursing Director immediately. Those that take place during administrative hours will be reported to HDRHC Risk Management by calling HDRHC Medical Administration. Risk Management will report to the third party administrator, Sedgwick Caronia. The necessary information will include the full details of the event and will be followed by a report entered into the UHC SI.
- II. An initial evaluation, including interviews of involved physicians and personnel, will be completed by HDRHC Risk Management.
  - A. If there is no evidence of an unanticipated outcome involving patient care, the process ends here. Offers of assistance will be made to the involved staff members, such as referral to the Employee Assistance Program.
  - B. If there is evidence of an unanticipated outcome involving patient care and if it is concluded that family notification is necessary in accordance with this policy, the ASC Medical Director or designee will be responsible for coordinating and contacting the patient/patient's representative advising them of the unexpected outcome, and offering to meet a more thorough explanation. All written/verbal

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information provided is to be confirmed through medical documentation prior to disclosure.

- III. If the patient/patient’s designated representative elects to meet with the health care team, the following key elements are included in the meeting:
  - A. A clear expression of remorse from the institution and personnel, as well as corrective action taken to prevent similar events, if known.
  - B. The team offers to openly answer any questions.
  - C. Depending on the circumstances of the unanticipated outcome, if may be necessary to tell the patient/patient’s designated representative that the cause of the result may not be known for some time, and the event should be discussed in terms of additional test/treatments.
  - D. The patient/patient’s designated representative shall be provided any necessary information including names and numbers of contact persons that can assist them in an ongoing way.
  
- IV. Staff members involved in the disclosure process document the following in the medical record:
  - A. Date, time, and place of disclosure;
  - B. Individuals present and relationship to patient;
  - C. Evidence of discussion of incident including reaction/questions by patient/family;
  - D. Evidence of assurance given to the patient/patient’s designated representative that further discussions would occur if additional information is available;
  - E. Documentation of offer of assistance and response;
  - F. Documentation of therapy given to ameliorate any adverse event.

**REFERENCES:**

American Society for Healthcare Risk Management (2001). Perspective on Disclosure of Unanticipated Outcome Information.

Medical Outcome Disclosure, VA Healthcare Network.

Kramen, S., Harmon, G. (1999). “Risk Management; Extreme Honest May be the Best Policy”, Annals of Integral Medicine. 131 (12). P 963-967. Approved by: VEC-2011Jan Date: 07/21/2011

<b>Original Date:</b> 02/26/2014
<b>Reviewed:</b> 09/29/2017
<b>Next Review Date:</b> 09/29/2020
<b>Previous Review Date(s):</b> 07/05/14
<b>Revised:</b> 07/07/14