

**OLIVE VIEW-UCLA MEDICAL CENTER
POLICY & PROCEDURE**

**NUMBER: 206
VERSION: 3**

SUBJECT/TITLE: MEDICAL OUTCOME DISCLOSURE

POLICY: Olive View-UCLA Medical Center will be proactive in disclosing to patients who have sustained an unanticipated outcome or who have been injured because of accidents or medical error.

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

DEPARTMENTS: All

DEFINITIONS: **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”.

Sentinel Event: An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof.

PROCEDURE:

1. Serious events will be reported to the area supervisor immediately. Those that take place during administrative hours will be reported to facility Risk Management by calling Medical Administration. Those occurring during non-administrative hours will be reported not later than the next business day to facility Risk Management. 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.
2. An initial evaluation, including interviews of involved physicians and personnel, will be completed by 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 Chief Medical Officer or designee will be responsible for contacting the patient/patient’s designated

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representative advising them of the unexpected outcome, and offering them to come to the Medical Center at their convenience for a more thorough explanation. All written/verbal information provided will be confirmed through medical documentation prior to disclosure.

3. 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, it 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.

4. 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

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