



POLICY

Policy Name:	Disclosure Guideline				
Policy #:	8316.1184	Policy Dept.:	Administrative		
Approval Authority:	Medical Executive Committee	Effective:	12/2015	Reviewed:	1/4/2016, 7/30/2019
Responsible Executive:	Chief Medical Officer	Revised:	7/30/2019, 11/18/2019, 3/14/21		
Responsible Office:	Medical Executive Committee	Contact:	Medical Staff Quality Improvement Director		

Policy Statement:

This policy outlines the process for disclosing unanticipated events and outcomes to patients and their family members or authorized representatives when appropriate. This guideline should not prevent or delay communication with families but provide support for the disclosure process.

Purpose: When a health care injury occurs, the patient and the family or representative are entitled to a prompt explanation of how the injury occurred and long-term effects.

Scope: Erlanger Health System (EHS)

I. DEFINITIONS

1. Adverse Drug Reactions (ADR) - Any response to a drug, which is noxious and unintended and which occurs at doses used in human beings for prophylaxis, diagnosis, or treatment (World Health Organization). Report ADRs to pharmacy and the patient's Attending Physician.
2. Attending Physician - The physician primarily responsible for the care and treatment of a patient. Ordinarily this is the admitting physician or the covering attending physician on call.
3. Communication Plan - The plan established by the Responding Physician, Risk Management, other caregivers, and administration to disclose a Disclosable Event to the patient and/or the patient's family.
4. Disclosure - Discussion with a patient and/or the patient's family about an unintended outcome relating to the patient's care.
5. Adverse Event - Any unplanned incident or event that resulted in harm.
6. Disclosable Event - An unplanned incident or event reaching the patient, regardless of whether the event resulted in harm.
7. Occurrence - Any unplanned incident or event that has caused, or has the potential to cause, harm or loss.
8. Responding Physician - The physician covering care of the patient at the time of identification of the Disclosable Event.
9. Disclosing Physician - The physician who discloses the Disclosable Event to the patient/patient representative/family.

10. eSafe - Erlanger's electronic safety event reporting system.

II. WHEN TO DISCLOSE ADVERSE EVENT

Based upon Level of Harm per Safety Event Reporting Policy 8316.074

1. **Levels A, B** - *The event has not reached the patient.* **No requirement to disclose.**
2. **Levels C, D** – *An event occurred that reached the patient but did not cause harm.* **Disclosure to the patient and/or the patient's family should occur.** The Attending Physician decides when to disclose. Nursing leadership and the Disclosing Physician should collaborate prior to Disclosure.
3. **Level E** – *An event occurred that resulted in temporary harm and required treatment and/or intervention.* **Disclosure to the patient and/or the patient's family should occur.** Nursing leadership and the Disclosing Physician should collaborate prior to Disclosure.
4. **Levels F through I** – *An event occurred that resulted in initial or prolonged hospitalization causing temporary patient harm, permanent patient harm, or a near death event requiring intervention to sustain life.* **Disclosure is required.** The Attending Physician decides when to disclose. Nursing leadership and the Disclosing Physician should collaborate prior to Disclosure.

III. IMMEDIATE RESPONSE TO EVENT

See policy 8316.074 Occurrence Reporting Policy

IV. TIMING OF DISCLOSURE

Disclosure should occur as soon as reasonably possible and within 24-48 hours of a practitioner's discovery of the event if adequate information is available. The optimal timing for Disclosure varies depending upon the specific circumstances of the event. Disclosure should occur as soon as possible following stabilization and treatment of the patient. Disclosure may be delayed, but only long enough to give staff members time to collect preliminary information and plan the best way to disclose.

If the patient and/or the patient's family become aware of the event prior to Disclosure, the involved staff person should:

- Acknowledge the event and
- Assure the patient's family that the appropriate physician is being notified and will discuss the event with them.

V. WHERE TO DISCLOSE

When possible meetings should be:

- In person, along with a Hospital Administrator or representative who can witness the conversation,
- At a location and time mutually agreed upon by the parties,
- In a private area to maintain confidentiality, and
- In a space free from interruptions.

VI. DOCUMENTATION

1. The Disclosing Physician(s) will document each discussion with the patient and/or the patient's family, including Disclosure of a Disclosable Event.
2. Documentation in the medical record should include:
 - Time, place, and date of the meetings.
 - Identity of all attendees.
 - The medically significant facts disclosed.
 - Next steps or changes in treatment that were discussed.

- The patient's and/or the patient's family's understanding of the situation and decisions regarding the patient's plan of care.

Approval Committee(s) (as applicable)

Approved by Medical Executive Committee Date 4/5/2021

Approved by _____ Date _____

Approved by _____ Date _____

Medical Director Approval (as applicable)

Approved by Don Barker, MD, CMO Date 4/5/2021

Policy Committee Approval (as applicable)

Approved by _____ Date _____

References:

Occurrence Reporting Policy 8316.074

1. Fallowfield L, Fleissig A Communication with Patients in the Context of Medical Error [Master's thesis]. University of Sussex; 2003. [Google Scholar] [Ref list]