



**McGILL UNIVERSITY HEALTH CENTRE
POLICY AND PROCEDURE**



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| Policy title: PM 140 MUHC POLICY ON DISCLOSURE OF ACCIDENTS TO PATIENTS, PATIENTS' REPRESENTATIVES, PARENTS OR GUARDIANS | |
| Manual: MUHC – Policies and Procedures | Originating Dept/ Service: Quality and Risk Management |
| Policy: Revised | Effective Date: April 27, 2001 Revised Date: April 2004 June 2009 |
| Key Words: Disclosure, accident, incident, sentinel event, declaration, support measures | |
| Approved by: Operations Committee, Board of Directors, Council of Physicians, Dentists, Pharmacists, Multidisciplinary Council, Council of Nurses | |
| Scope: Hospital wide | |
| Site Specific: No | Distributed to: Staff, Mgmt, Others |

One-page Disclosure CHECKLIST is located on page 10.

I. Purpose

The purpose of this policy is to clarify and harmonize hospital practice in order to assist physicians, nurses, and other health care professionals in their duty to disclose any "accident having occurred during the provision of services that has actual or potential consequences for the user's state of health or welfare..." (Section 8, An Act Respecting Health Services and Social Services R.S.Q, c. S-4.2 ["HSSSA"]). In such circumstances, it is the policy of the MUHC that disclosure of the accident is made to:

1. The patient, if a minor 14 years of age or older. Disclosure may also be made to person(s) holding parental authority, tutor, or legal guardian, if the patient gives consent.
2. An appropriate representative if it is not possible to disclose to the patient.
2.1 Disclosure to the patient must occur when the patient is stable and/or able to comprehend the information.
3. Person(s) holding parental authority, tutor, or legal guardian if the patient is a child under 14 years of age, or a mentally incompetent individual.
4. When a person of full age, 18 years or older, is incapacitated and has a legal representative (tutor, curator or advisor), then we should disclose to his or her legal representative. If the incapacity has not yet been confirmed, and he or she does not have a legal representative, then disclosure should be made to the person who can consent for his or her care.
5. Appropriate next-of-kin or representative if the patient has died subsequent to the accident.

II. Persons/Areas Affected

This policy is directed towards all members of the MUHC community: physicians, employees, volunteers, consultants, students, contract employees, and management.



II Persons/Areas Affected *continued*

The following staff will ensure disclosure occurs:

- Director of Professional Services for physicians (including residents and medical students)
- Director of Nursing for all persons within the Nursing Directorate
- Director of Diagnostic and Therapeutic Services for all persons within this Directorate
- Associate Director of Hospital Services and Program Support for all persons within this Directorate (Montreal Children's Hospital site).

All persons affected may consult with a representative of the Quality and Risk Management department if they have questions regarding the disclosure process and available support services.

Support services for members of the MUHC community include:

- Office of the Director of Professional Services
- Office of the Director of Nursing and Associate Directors of Nursing
- MUHC Legal Department
- Employee Assistance Program
- McGill University Student Affairs and Career Planning office (for medical students)
- McGill University Student Health or the McGill University Mental Health Services (for medical students and for residents)
- Programme d'aide aux médecins du Québec (attending staff physicians and residents)

In addition, in some cases staff members may wish to advise their professional Order while physicians may wish to contact the Canadian Medical Protective Association (1-800-267-6522), or their private professional insurance.

III. **References** (or **Definition of Terms** if applicable)

I References

- a. Disclosure Working Group. *Canadian Disclosure Guidelines*, Edmonton, AB: Canadian Patient Safety Institute; 2008.
(www.patientsafetyinstitute.ca/uploadedFiles/Resources/cpsi_english._april28.pdf)
- b. Canadian Medical Protective Association. *Communicating with your patient about harm-disclosure of adverse events*. Ottawa, Ont; 2008
(www.cmpa-acpm.ca/cmpapd04/docs/resource_files/ml_guides/disclosure/introduction/index-e.html)
- c. An Act Respecting Health Services and Social Services R.S.Q, c. S-4.2 ["HSSSA"] / Loi sur les Services de Santé et les Services Sociaux, L.R.Q., ch. S-4.2 [« LSSSS »]

II Definitions

a. Incident

An action or situation that does not have consequences for the state of health or welfare of a user, a personnel member, a professional involved or a third person, but the outcome of which is unusual and could have had consequences under different circumstances. (HSSSA, section 183.2)

Incidents are considered as severity A, B, C. (User Guide – Definitions and Examples –AH-223A)



II Definitions continued

b. Accident

An action or situation where a risk event occurs which has or could have consequences for the state of health or welfare of the user, a personnel member, a professional involved or a third person. (HSSSA, section 8)

Accidents are considered as severity D, E1, E2, F, G, H, I. (User Guide – Definitions and Examples –AH-223A)

c. Consequence

The impact on the state of health or well-being of the accident victim (AH-223 CSSS-1)

d. Disclosure¹

The process by which an incident² or accident is communicated to the patient by healthcare providers.

e. Sentinel event³

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called "sentinel" because they signal the need for immediate investigation and response.

IV. Policy

This disclosure policy is a requirement of the HSSS Act following the Bill 113 Amendment of 2002. It reflects the basic "right-to-know" of those who are in the care of the MUHC. In addition this policy demonstrates the MUHC's commitment to transparency with our patients, provision of necessary support, intent of the institution to determine the cause of incidents and/or accidents and develop and implement improvement strategies, and improve the provision of health care.

Disclosure must occur as soon as possible after the event is discovered. In most cases the treating physician is responsible for the disclosure. Physicians involved in accidents should contact their Division or Department heads to inform them of the event.

The disclosure dialogue should address the patients "clinical needs, information needs, and emotional needs" (CMPA, 2008).

¹ (Adapted from: Disclosure Working Group. *Canadian Disclosure Guidelines*, Edmonton, AB: Canadian Patient Safety Institute; 2008)

² Incidents of severity A and B do not require disclosure, severity C is subject to an optional disclosure as per the professional judgement of the provider.

³ (Joint Commission, updated July 2007, retrieved April 2009)

November 26, 2009



V. Procedure

I What types of incidents and accidents need to be disclosed to the patient?

- a) Incidents of severity A and B do not require disclosure.
- b) Incidents classified as severity C are subject to optional disclosure as per the professional judgement of the provider.
- c) Accidents classified as severity D through I require mandatory disclosure.

Please refer to Appendix A: Algorithm for disclosure of incidents/accidents

II Who should disclose?

- a) In most cases, the treating physician is responsible for disclosure. Before disclosure is made, the physician involved should discuss the matter with members of the treatment team and, depending upon the seriousness of the accident, the MUHC administration. This discussion is for the purpose of establishing all relevant facts.
- b) In some cases, the accident may be associated with a non-physician staff such as a nurse or other health care professional. In these cases the professional with the most thorough understanding of the accident is responsible for disclosure. In addition, the accident must also be reported to the professional's supervisor, appropriate Associate Director of Nursing, and the patient's attending staff physician, who may wish to be present at the disclosure.
- c) If the situation involves an ambulatory patient referred by a professional in the community to a MUHC professional other than a physician, the hospital professional has the responsibility to make disclosure and to ensure that members of the treatment team are involved in discussion, review or disclosure, as appropriate.

The MUHC administration, Legal Department, Quality and Risk Management, and the referring professional are to be informed prior to disclosure.

III When should disclosure take place?

Disclosure should be made as soon as possible, but only after it is determined by the treating physician or professional, in consultation with the treatment team, that the timing of disclosure is appropriate. Care should be taken that disclosure is carried out in an empathetic manner and that time is available to answer the recipient's questions.

In some cases additional meetings may be scheduled once more information is available.

**The offer of a subsequent meeting must be offered to the patient
(or next-of-kin) at the time of disclosure meeting.**

IV Where should disclosure take place?

- a. In a private area to maintain confidentiality
- b. In a space free from interruptions (pagers and/or cellular phones should be closed)



V What information should be disclosed?

- a. Factual and known information regarding the event and the context
- b. Factual and known information regarding the current or anticipated consequences to the health or well-being of the person affected
- c. Measures taken to manage the immediate clinical situation
- d. Care and support measures proposed to the patient to alleviate or minimize the consequences suffered.
- e. Support measures (e.g. Social Services, Psychologist, Clinical Nurse Specialist) proposed to the patient's immediate family members/close friends affected by the event's consequences
- f. Measures taken to identify the causes that led the event to occur
- g. Information regarding the actions taken to prevent the recurrence of a similar accident (if identified at the time of disclosure)
- h. Contact information for MUHC representative if the patient has further questions
- i. Contact information for the Complaints Commissioner/Ombudsman
- j. Plans for follow-up meeting if required.

All follow-up appointments must be provided to the patient at the time of discharge.

VI How to disclose

- a. Use plain language and avoid using medical terminology and jargon
- b. Acknowledge that something happened
- c. Express regret (e.g. "I feel badly that this has happened to you." CMPA, 2008)
- d. Do not speculate nor blame others. Self-serving defensive statements accompanied by blame for others will likely increase tensions
- e. Be professional in appearance and demeanor
- f. Whenever possible sit at eye-level or lower
- g. Avoid physical barriers between you and the patient
- h. Speak at a comfortably slow pace
- i. Be aware of your own non-verbal language, use appropriate eye contact and a forward sitting posture
- j. Be sensitive to language barriers and cultural background
- k. Allow time for the patient to reflect on the information
- l. Check for understanding by asking follow-up questions

VII What must be documented in the patient's medical record?

- a. All information mentioned in section V. *Procedure: Subsections V ("What information should be disclosed?")* plus:
- b. Who made the disclosure
- c. Time, place, and date of disclosure
- d. Names and relationships of all attendees
- e. Questions raised and answers provided
- f. Signature and legible identification (e.g. printed name) of MUHC staff who made the disclosure.



VIII In addition to the medical record, where else should disclosure be documented?

- a. Incident/Accident Declaration Report (AH-223A CSSS-1) yellow copy, section 12, as illustrated below and in Appendix B.

| Section 12: Disclosure | | |
|--|--|---|
| <input type="checkbox"/> N/A | <input type="checkbox"/> To be done | <input type="checkbox"/> Partially done |
| <input type="checkbox"/> Completely done | <input type="checkbox"/> Documented in the client's file | <input type="checkbox"/> Documented on the form |
| Person(s) to whom disclosure was made | | Name of person responsible for the disclosure |
| <input type="checkbox"/> User | <input type="checkbox"/> Close relative/friend | <input type="checkbox"/> Legal representative |
| <input type="checkbox"/> Other | | Date (year, month, day) |

- b. Accident disclosure report form illustrated in Appendix C

Note: If anyone to whom disclosure is made wishes to make a formal verbal or written complaint to the MUHC, that individual is to be put in contact with the hospital's Complaints Commissioner/Ombudsman.

IX Disclosure Checklist

Appendix D illustrates a disclosure checklist developed by the Canadian Patient Safety Institute. This checklist is meant to be used as a quick-reference guide and not a substitute for the MUHC Policy on Disclosure of accidents to patients, patient's representatives, parents, or guardians.

VI. **Relevant Forms**

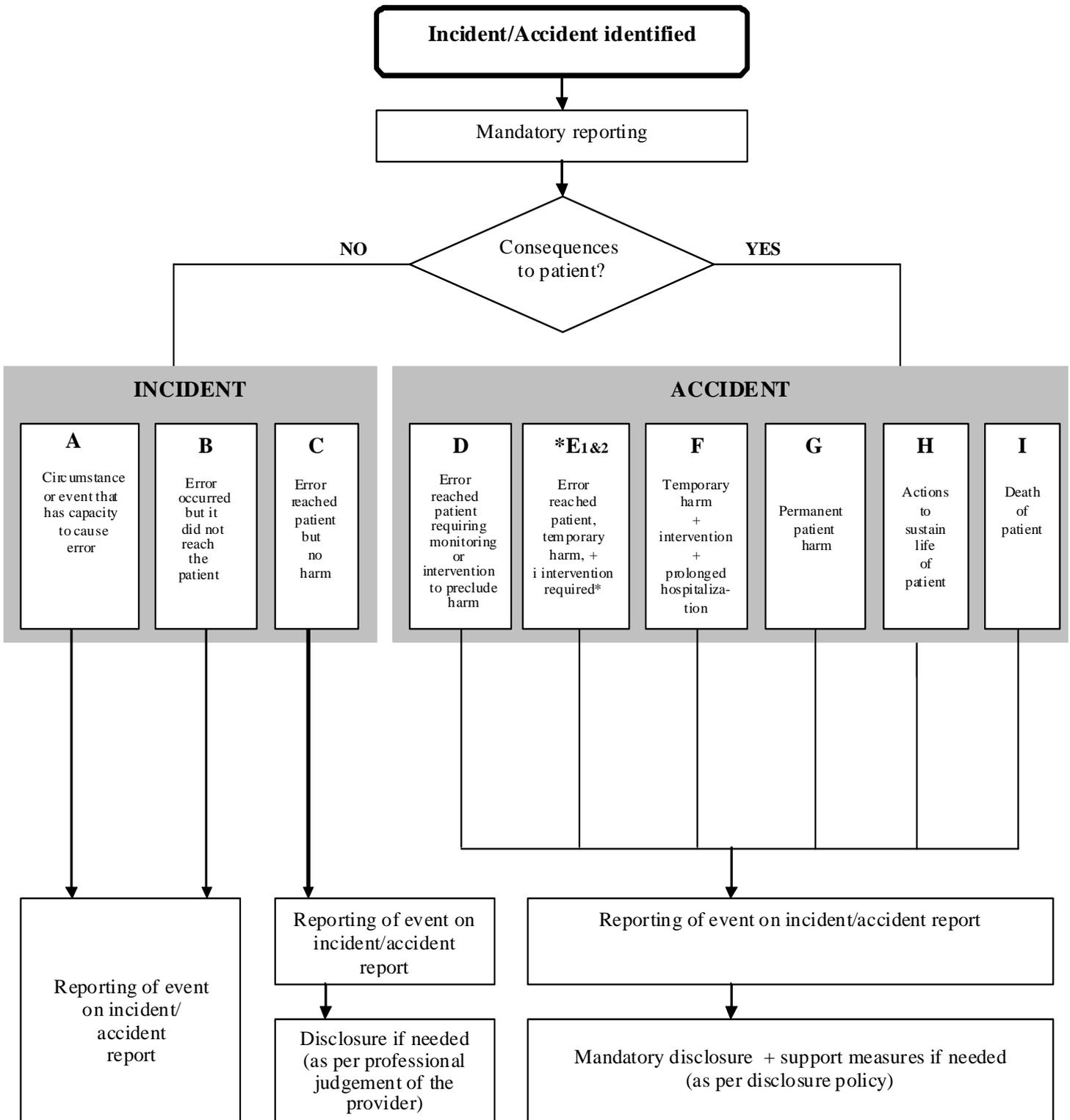
| Form Name | Order number (english) | Order number (french) |
|---|------------------------|-----------------------|
| Incident/accident report form: AH-223A CSSS-1 | 31-97-080271 | 31-97-080274 |
| Accident disclosure report: AH-223A CSSS-3 | 31-97-080273 | 31-97-080276 |

VII **Related Policies**

- a. ADM 200 – Incidents/Accidents Reporting
([http://www.intranet.muhc.mcgill.ca/The_MUHC/Policies/policy_ADM%20200_incident_accident_reporting%20\(AH223\).pdf](http://www.intranet.muhc.mcgill.ca/The_MUHC/Policies/policy_ADM%20200_incident_accident_reporting%20(AH223).pdf))
- b. ADM 340 – The MUHC Policy on Sentinel Events
(http://www.intranet.muhc.mcgill.ca/The_MUHC/Policies/policy_ADM%20340_MUHC_Policy_on_Sentinel_Events.pdf)



Appendix A
Algorithm for the disclosure of Incidents/Accidents



* E1 : patient needs non-specialized intervention, E2 : patient needs specialized intervention



Appendix B Incident/Accident Declaration Report (AH-223A CSSS-1)

Form No.

**INCIDENT/ACCIDENT
DECLARATION REPORT**

**For the use of
CH-CSSS-CHSLDs**

Event No.

Name of Institution:

DT9032

Section 1: Identification of the Person Affected

Category of person affected:
 None (If none, skip to Section 2) Client/User
 Other (specify): _____

| Sex | Date of birth | Age | Room no. | File no. |
|-----|---------------|-----|----------|----------|
| | | | | |

Give name and date name at birth: _____

Give a social name: _____

Address: _____

Postal code: _____ Phone no.: _____ Fax: _____

Health insurance number: _____ Name of attending physician: _____

Section 2: Date, Time, Location of the Event

| Event | | | Time | | Actual | Estimated | Undetermined |
|-------|-------|-----|------|------|--------------------------|--------------------------|--------------------------|
| Year | Month | Day | Hour | Min. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Discovery: Year _____ Month _____ Day _____ Time: Hour _____ Min. _____

Location (Please specify the site, department, program, unit, and specific area): _____

Section 3: Objective and Detailed Description of the Event (No analysis, judgement, or accusation)

Section 4: Type of Event (Please check the appropriate box)

A- Fall Please check the appropriate box

Bed Chair/wheelchair Found on floor/ground Near fall Repeated falls Stretcher While moving about Other

B- Error involving: Medication Treatment Diagnostic Test Diet

Error intercepted before administration Identification Dosage Pathway/Route Type Time
 Omission - Record, in column "b", the medication/treatment/test/diet omitted Allergy Storage Infiltration/extravasation Other

| a) Medications/treatment/test/diet administered/drawn/delivered | | | | b) Medications/treatment/test/diet prescribed that should have been admin./taken/delivered | | | |
|---|--------|-------|------|--|--------|-------|------|
| Identification | Dosage | Route | Time | Identification | Dosage | Route | Time |
| | | | | | | | |

C- Problem involving: Material Equipment Building Personal effects

Description of material/equipment/building/personal effects in question: _____

Availability Computer failure Disappearance Elevator failure Flood Programming Other
 Cleanliness Damage/defect Electrical failure Fire Inappropriate usage Sterility

D- Possibility of abuse, aggression or harassment (Please check the appropriate box(es))

Type of abuse, aggression or harassment, or code white: _____ Psychological/verbal Physical Sexual Code white

E- Transfusion incident/accident (Fill out Form AH-520A)

F- Other types of events (Please check the appropriate box)

AWOL/missing person Delay/postponement Injury of unknown origin Refusal to leave premises Self-injury
 Breach of aseptic environment Error related to client's chart Non-compliance with procedure Respiratory obstruction Suicide attempt
 Breach of confidentiality Escape from confinement Pressure sores Restraint related Other
 Consent related Inaccurate/omitted surgical count Refusal of treatment Risk situation

Section 5: Immediate Consequences for the Person Affected (Please check the appropriate box(es))

None Physical Psychological Death Other (Please specify): _____

Describe the physical consequences (e.g. part of the body, degree of pain, presence of abrasions, bruising, fracture), psychological or other consequences for the person affected: _____

Section 6: Intervention(s) Carried out, Measure(s) Taken and Person(s) Contacted or Notified

Describe the measures taken: _____

| Persons notified | Full name: _____ | Position or relation: _____ | Time: _____ | <input type="checkbox"/> Visit made |
|------------------|------------------|-----------------------------|-------------|-------------------------------------|
| | Full name: _____ | Position or relation: _____ | Time: _____ | <input type="checkbox"/> Visit made |
| | Full name: _____ | Position or relation: _____ | Time: _____ | <input type="checkbox"/> Visit made |

Section 7: Identification of Reporter

| | | | | |
|------------------|-------------------|-----------------|-----------|-----------------------------------|
| Name of Reporter | Title or position | Phone extension | Signature | Date of report (year, month, day) |
| | | | | |

Sections reserved for a SUMMARY ANALYSIS
(Sections 8 and 9 must be completed by the reporter and sections 10 to 12 are completed by the manager responsible for the follow-up)

Section 8: Recommendation(s) or Suggestion(s) of the Reporter

Identify the measure(s)/action(s) to be taken to prevent the recurrence of such an event: _____

Section 9: Witness(es) of the Event

| | |
|---|---------------------------------------|
| Name and telephone number (address if necessary): _____ | Position or relation to client: _____ |
|---|---------------------------------------|

Section 10: Preventive Measures Taken or Planned by the Manager Responsible for the Follow-up

| | | | | |
|-----------------------------------|-------------------|-----------------|-----------|-------------------------|
| Name of manager (...) responsible | Title or position | Phone extension | Signature | Date (year, month, day) |
| | | | | |

Section 11: Status/Severity

Incident: A B C Accident: D E1 E2 F G H I Undetermined

Section 12: Disclosure

N/A To be done Partially done Completely done Documented in the client's file Documented on the form

| | | |
|---|---|-------------------------|
| Person(s) to whom disclosure was made | Name of person responsible for the disclosure | Date (year, month, day) |
| <input type="checkbox"/> User <input type="checkbox"/> Close relative/friend <input type="checkbox"/> Legal representative <input type="checkbox"/> Other | | |



Appendix C Accident Disclosure Report (AH-223A CSSS-3)

Form No.

**ACCIDENT
DISCLOSURE REPORT**

**For the use of
CH-CSSS-CHSLDs**

Event No.

DT9032

Identification of the person affected

Category of person affected: Client/User
 Other (specify):

Year: Date of birth: Day: Month: File No.:

Surname and given name at birth:

Spouse's usual name:

Address:

Postal code: Phone no. (area code): City:

Health insurance number: Name of attending physician: M F

Details of the accident

Date: Year Month Day Time: Hour Min.

Facility: Unit/department:

Nature of the accident:

Details of disclosure

Date: Year Month Day Time: Hour Min.

Place:

Method used: Meeting Telephone Other (specify):

Names of person(s) to whom disclosure was made

The person affected: Yes No If not, indicate the reason for which disclosure was not made to the person affected:

Name(s) of the person(s) to whom disclosure was made and the other people present

| Surname and given name | Position or type of relationship with the person affected |
|------------------------|---|
| | |
| | |
| | |

Factual information given regarding the accident and the context

Factual and known information given regarding the current or anticipated consequences to the health or well-being of the person affected

Care or support measures proposed to the client/user to alleviate or minimize the consequences suffered

| | Accepted | Rejected | | Accepted | Rejected |
|--|----------|----------|--|----------|----------|
| | | | | | |
| | | | | | |

Support measures proposed to the client/user's immediate family members/close friends affected by the accident's consequences

| | Accepted | Rejected | | Accepted | Rejected |
|--|----------|----------|--|----------|----------|
| | | | | | |
| | | | | | |

Information given regarding the measures proposed to prevent the recurrence of a similar accident

Additional information (if required) and/or reactions of the person affected and others during the disclosure

Name(s) and signature(s) of person(s) conducting the disclosure

| Person responsible (Surname and given name) | Position | Signature |
|---|----------|-----------|
| | | |
| | | |
| | | |

See overleaf for additional information



Appendix D
Canadian Patient Safety Institute Disclosure Checklist
Disclosure Working Group. *Canadian Disclosure Guidelines*,
Edmonton, AB: Canadian Patient Safety Institute; 2008.

Checklist for Disclosure Process

- The immediate patient care needs are met.
- Ensure patient, staff and other patients are protected from immediate harm.

DISCLOSURE PROCESS PLAN

- Gather existing facts.
- Establish who will be present and who will lead the discussion.
- Set when the initial disclosure will occur.
- Formulate what will be said and how effective disclosure will be accomplished.
- Locate a private area to hold disclosure meeting, free of interruptions.
- Be aware of your emotions and seek support if necessary.
- Anticipate patient's emotions and ensure support is available including who the patient chooses to be part of the discussion such as family, friends or spiritual representatives.
- Contact your organization's support services for disclosure if uncertain on how to proceed.

INITIAL DISCLOSURE

- Introduce the participants to the patient, functions and reasons for attending the meeting.
- Use language and terminology that is appropriate for the patient.
- Describe the facts of the adverse event and its outcome known at the time.
- Describe the steps that were and will be taken in the care of the patient (changes to care plan as applicable).
- Avoid speculation or blame.
- Express regret.
- Inform the patient of the process for analysis of the event and what the patient can expect to learn from the analysis, with appropriate timelines.
- Provide time for questions and clarify whether the information is understood.
- Be sensitive to cultural and language needs.
- Offer to arrange subsequent meetings along with sharing key contact information.
- Offer practical and emotional support such as spiritual care services, counseling and social work, as needed.
- Facilitate further investigation and treatment if required.

SUBSEQUENT AND POST-ANALYSIS DISCLOSURE

- Continued practical and emotional support as required.
- Reinforcement or correction of information provided in previous meetings.
- Further factual information as it becomes available.
- A further expression of regret that may include an apology with acknowledgement of responsibility for what has happened as appropriate.
- Describe any actions that are taken as a result of internal analyses such as system improvements.

DOCUMENT the disclosure discussions as per organizational policies and practices and include:

- The time, place and date of disclosure.
- The names and relationships of all attendees.
- The facts presented.
- Offers of assistance and the response.
- Questions raised and the answers given.
- Plans for follow-up with key contact information for the organization.

Ensure person receiving disclosure is provided with contact information for an MUHC representative if there are subsequent questions.



Appendix E Roles

Staff member

- Document the event on the Incident/Accident Declaration Report (AH-223 CSSS-1) in an objective manner. Only the facts should be included. There must be no interpretation or attribution of blame.
- Document the event in the patient's medical record from a clinical perspective. This includes a description of the event, impact on patient, steps taken to remediate the situation, and patient monitoring for further outcomes.
- Confirm that the department head and treating physician are aware that the event occurred.
- If the involved clinician is a physician, he/she should consider notifying the CMPA or their insurer. Other professionals should consider notifying their professional Order.

Department Head

- Review event with the staff member
- Ensure Incident/Accident Declaration Report (AH-223 CSSS-1) and all pertinent documentation are completed
- Ensure complete investigation is done
- Discuss with appropriate team members to determine if/when/how disclosure will be undertaken
- Identify need for assistance with disclosure
- Notify other appropriate individuals as required (e.g. Director/Associate Director of Professional Services, Quality and Risk Management representative, Director/Associate Director of Nursing, MUHC Legal Department, Associate Director of Hospital Services and Program Support: MCH site)

Quality and Risk Management Staff

- Disclosure coaching
- Follow-up to ensure event is fully investigated, documentation is complete, recommendations are made, and an action plan is developed so as to improve the system and diminish the chance that there is a recurrence
- Notify MUHC Legal Department and/or Association québécoise d'établissements de santé et de services sociaux when necessary.

Committee on Quality and Risk

- Identify and analyze incident or accident risks to ensure the safety of users;¹
- Make sure that support is provided to the victim and the close relatives of the victim;²
- Establish a monitoring system including the creation of a local register of incidents and accidents for the purpose of analyzing the causes of incidents and accidents, and recommend to the board of directors of the institution, measures to prevent such incidents and accidents from recurring and any appropriate control measures.³

^{1,2,3} An Act Respecting Health Services and Social Services R.S.Q., c. S-4.2, Section 183.2,



Council of Physicians, Dentists, and Pharmacists (CPDP)

The CPDP is charged with the consideration of individual acts by the physician. If necessary, the professional involved in the event should notify the CPDP of the event through the regular channels (M and M rounds and Medical, Dental, Pharmacy Evaluation Committee)

Council of Nurses

The Council of Nurses is charged with the responsibility of assessing the quality of care and maintaining professional standards of nurses. The Council of Nurses should be notified of accidents involving nurses or nursing assistants through the Associate Director of Nursing/ Director of Nursing.