Patient Disclosure: A Case Study

Presentation

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Patient Disclosure- a process of open communication and information sharing and that it includes a review of all of the facts when an adverse event is thought to have occurred (CPSI, 2008).

Purpose it serves to fulfill:
1. Openness
2. Transparency
3. Expands our knowledge of our own health
4. Strengthens our relationships
5. Enhances understanding
6. Promotes patient autonomy
7. Needed for healing
8. Needed for learning (for patient safety)
9. Helps re-establish trust & confidence in health care
It is not hush, hush as it used to be!!
The Patient?
The Commission of Inquiry

→ The challenges presented

The unprecedented territory
The journey of how we got to where we are today......
How COI Unfolded

Issues for Eastern Health

→ magnitude much larger than originally anticipated
→ 1083 patients in total
→ a provincial issue, not just patients in the Eastern Health jurisdiction. Geographical vastness of province.
→ Time that elapsed since these women/men were originally tested (1997 to 2005 when issue first surfaced). Many individuals aged, passed away, moved into nursing homes, to live with children, etc.
→ Some had no NOK listed in hospital database
→ NOK or patient had left the province.
→ Many were deceased before sample was retested or by the time the retested sample returned.
Patient Outcome

What this meant for some of these patients:

Wrong diagnosis or misdiagnosis
Faulty ER/PR test results
Missed treatment
R#51- **Develop a policy** to deal with the disclosure of adverse events. The policy should include: the facts; the actual or potential impact of the event on the patient; an expression of sympathy or regret; an overview of the process that will follow; an explanation of why the event occurred; what is being done to ensure that a similar event does not occur in the future; whether a review has been conducted: if so, the patient is to be provided with a copy of any reports emanating from the review, if requested; an offer of future meetings; time for questions; offers of support. See 15.b, c, d; 16, 17, 23

R#52- **Train physicians** in the disclosure of adverse events, as part of their continuing medical education. Besides patient disclosure, training should also include patient safety and quality assurance practices. See 20

R#53- **Identify the appropriate persons** to conduct disclosure, what support these individuals need, how to best educate them as to the particulars of the occurrences, what they should convey to patients, and the authority’s disclosure policy (RHA’s). See 24.a,b
EH Disclosure Policies: Before & After

Not specific
Vague
For single/small pt. events
Not multi-site/jurisdiction
Omits purpose
Omits severity/level of adversity

CPSI Guidelines
Very specific
Larger events
What Research Suggests?

Barriers for health care providers:
- politics
- personal feelings
- fear
- costs
- legal action

Patient’s perception of wants/needs?
- The facts of what happened;
- Steps that were and will be taken to minimize harm;
- That the healthcare provider regrets what happened; and
- What will be done to prevent similar harm in future. (CPSI, 2008)

Outcome of adverse events?
- Full disclosure is likely to have a positive effect or no effect on how patients respond to medical errors (Mazor et al, 2006).
CPSI Guiding Principles

- Patient-centered healthcare
- Patient autonomy
- Healthcare that is safe
- Leadership support
- Disclosure is the right thing to do
- Honest and transparent.
Stages of Disclosure

2 broad stages but generally with ongoing talks/discussions:

- **Initial disclosure**- recognize what occurred, the medical condition as it now exists, expression of regret, provision of support, etc.

- **Post Analysis disclosure**- a better understanding of the adverse event that occurred, brings to the table more facts, bigger role of management/executive here.
Elements of a disclosure policy

1. Policy statement & objectives
2. Definitions of key term
3. Provision for patient support
4. Provision for healthcare provider
5. Support and education
6. Disclosure process (next)
7. Special circumstances
CPSI Policy Outline- Disclosure Process

Threshold for disclosure-statement
Preparing to disclose
Who should disclose & participants involved
When it should occur
Where it should occur
What should be disclosed
How should it be conducted
Apology/Regret
What should be documented
Applying the CPSI guidelines

Eastern Health literally walked through these guidelines as now outlined by the CPSI;

→ Preparing- ground work beforehand
→ Who- quality staff, physicians, etc.
→ When- timing, differing of opinions & urgency.
→ Where- location of where to disclose this info. The Dr. H. Bliss Murphy cancer center is the provincial center for all of the province’s cancer patients.
→ What- exactly what info to disclose at this point
→ How- telephone? Letters? Face to face?
→ Apology/regret- publicly & govt. legislation (later slide)
Organizational Outcome

Organizational Impact:

• Provincial Training with four Health Authorities and IHC staff October 2009
• 10 participants from Eastern Health
• All health authorities will have certification of faculty members in June, 2010 (4 from Eastern Health)

Further Impact:

• Patient advisory council established February, 2010.
• Crisis Management Plan (currently being developed)
• Patient’s rights & responsibilities developed (2010) (further slide).
Setting the Context - EH’s action

- Program developed by the Institute for Healthcare Communication in US (DUMO)
- Institute for Healthcare Communication - Canada
- Brokered in Canada through the College of Family Physicians of Canada

- Provincial Support

- The program was created to help healthcare providers understand and respond constructively to situations where clients are disappointed with their outcome of care

- The program includes situations where a medical or systems error has caused some harm

- Includes lectures, group discussion, case analysis and practice
Disclosure Program for EH

Training
• Developed the Framework for Implementation including training schedule up to June 2011
• Targeted audience Physicians, clinical managers and directors for the first year
• 1 hour session for 8000 clinical staff
• Evaluation after 1 year

Format/ Several official versions can be offered:
• Grand Rounds Version(1 hour)
• 2.5 hour workshop version
• 3.5 Hour workshop version
• Call Quality and Risk Management for consultation
• Questions?
**Patients Rights & Responsibilities**

Our clients, patients and residents have the right to:

- receive information, ask questions, and discuss options regarding their treatment and care in terms and language that they can understand;
- know the name and role of those involved in their care;
- sensitive care that respects diversity including age, gender, race, sexual orientation, physical and mental ability, health status, life style, faith group affiliation, education, income and housing status, immigration or refugee status, marital and parental status, and degree of geographic isolation, as well as ethnicity, language and culture;
- have their personal health information protected and treated appropriately;
- express concerns to their health care provider regarding care, treatment, or service without fear of interference or discrimination, and be informed about and assisted to access the complaints process for Eastern Health;
- provide or prepare an Advance Health Care Directive and identify a substitute decision maker;
- choose whether to participate in teaching activities for students of health care professions;
- choose whether to participate in research projects if approached;
- be informed if unexpected and serious events occur during care;
- be informed of any financial obligations. *(EH- May 19, 2010)*
The provincial government of Newfoundland & Labrador have just passed their first “Apology Legislation” for this province.

Key points from that legislation:
  May 26, 2009
  Apology Legislation Introduced in the House of Assembly
  The House of Assembly second reading was given to An Act Respecting Apologies. This legislation provides that expressions of sympathy or regret can be given and will not be considered an admission of guilt or be admissible in court to prove liability.
  Accepted & approved 2010.
The downside of not disclosing

Consequences of not disclosing:

1. increased the likelihood of changing physicians,
2. Reduced satisfaction and trust in both error conditions.
3. Increased likelihood of seeking legal advice and
4. Associated with a more negative emotional response in the missed information/treatment/error.
5. Compromised trust and confidence in the health care system and/or health care providers.
References

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Canadian Patient Safety Institute- Numerous documents and publications.
Thank-you & Questions

For additional information or questions

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