



Applies To: **All HSC Hospitals**
 Component(s):
 Responsible Department: Risk Management

Title: Disclosure of Unanticipated Patient Outcomes and Patient /Physician Communications	Procedure
Patient Age Group: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> All Ages <input type="checkbox"/> Newborns <input type="checkbox"/> Pediatric <input type="checkbox"/> Adult	

DESCRIPTION/OVERVIEW

Patients, and where appropriate, their families are informed about the outcomes of their care, including unanticipated outcomes.

REFERENCES

- TJC Rights and Responsibilities of the Individual Chapter, Standard RI.01.01.01, 2009.
- American Society for Healthcare Risk Management: “*Perspective on Disclosure on Unanticipated Outcome Information,*” 7/2/01.
- National Patient Safety Foundation: “*Talking to Patients About Health Care Injury: Statement of Principle,*” 12/14/00.

AREAS OF RESPONSIBILITY

Nursing, Licensed Independent Practitioners, Physicians.

PROCEDURE

1. The first priority is to provide for the immediate clinical needs of the patient. Obtain appropriate consultation and make arrangements for follow-up. When these needs are attended to, the provider shall communicate the outcome with the patient/family.
2. The intent of the disclosure is to provide necessary medical information detailing relevant facts and actions. The disclosure should not place blame or discuss fault. The attending physician has the primary responsibility for ensuring that the patient/family is informed about outcomes, whether expected or unanticipated, of care or treatment. If more than one service is involved, the services should collaborate in discussing outcomes of care when appropriate. The patient/family should be informed about:
 - 2.1 The relevant factual information about the event.
 - 2.2 Any known affect that the outcome may have on the patient’s care and on short- and long-term health.
 - 2.3 Any revisions to the proposed treatment.
 - 2.4 The point of contact for further questions and additional information.
3. Discussions with the patient/family will be documented in the patient’s medical record by the caregiver that notified the patient/family of the outcome. Additional documentation may include:
 - 3.1 The date and time of the discussion or care conference.
 - 3.2 The names and relationships of those present.
4. The UH Risk Manager and the HSC Risk Management Office and the Office of Clinical Affairs are available to assist the attending physician. Appropriate reporting of this outcome should be completed per HSC policies.

DEFINITIONS

Unanticipated outcome: a result that differs significantly from what was anticipated to be the result of a diagnostic test, medical treatment, procedure, or surgical intervention. Not all unanticipated outcomes are negative in nature: an outcome may be negative and unanticipated, but not the result of an error or negligence. Known complications and side effects of treatments are not unanticipated outcomes, significant complications and side effects should be disclosed to patients as part of the general disclosure of outcomes process.

Disclosure: the communication of information regarding the results of a diagnostic test, medical treatment, procedure, or surgical intervention. A framework for discussing outcomes is premised on strong communication processes both before and after the care.

SUMMARY OF CHANGES

Replaces Document of same name, last revised 5/2002.

DOCUMENT APPROVAL & TRACKING

Item	Contact	Date	Approval
Owner	Manager, Risk Management		
Committee(s)	Clinical Operations PP&G Committee Nursing Practice PP&G Sub-Committee		Y
Nursing Officer	Sheena Ferguson, Chief Nursing Officer		Y
Medical Director/Officer	Bob Bailey, MD, Associate Dean of Clinical Affairs		Y
Official Approver	Erin Doles, Administrator Professional and Support Services		Y
Official Signature		Date: 6/22/2009	
Effective Date		6/22/2009	
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Issue Date	Clinical Operations Policy Coordinator	6/24/2009	

ATTACHMENTS

None