

PReP 14 — Adverse Events, Disclosure, and Apology

Lesson 3 — Disclosure

Pam:

So disclosure has become, I think, understood as the norm. I mean, all of the medical organizations, healthcare organizations, OHA, everybody—just—it's a given now that disclosure must be done.

Kim:

A lot of provinces in Canada do have disclosure legislation, as well as organizations would have policies around that. And in addition there are a number of resources, including the Canadian Patient Safety Institute's disclosure guidelines, to support this. The Canadian Nurses Association and the CMPA, Canadian Medical Protective Association, also support this as best practice.

Pam:

It's legally required, it's ethically required, morally required, personally required, it's just the right thing to do. It's like anything. It would be more trouble for not doing it than you will ever get into for doing it.

Even if the family hasn't realized that there's been an issue. Proactively, if a nurse or someone is looking in the record from yesterday and realizes that Pam gave the wrong medication, the patient may not know that, the family may not know that. So we should be telling them that on a proactive basis rather than waiting for them to figure it out or for something to go wrong.

How to Disclose

Kim:

Timely disclosure of all facts that are known at that time contribute to both the healing for the patients and families, and indeed for the care providers themselves.

Pam:

You need to tell them the facts; you need to tell them what you're going to do, if there's harm to the patient, how you're going to fix that harm if it's possible. You need to tell them what you're going to do

next, how you're going to review it, and who's going to review it, and how that review is going to be undertaken, and include them in the review. And then you need to get back to them after you've done all that to tell them what you did. What you learned. If you've learned new things you need to tell them all the new things that you learned. And you need to tell them all the things you're going to put in place, recommendations or changes, to make sure it doesn't happen again.

Kim:

Use language which is laymen's language so that it's easily understood, respect cultural sensitivities, disclose to patients and families in a private environment, encourage patients and families to have a dialogue about what happened. To keep that door open. That is, a two-way conversation.

Pam:

It's really hard for people to come up with checklists that are, "Here's the standard way to do disclosure." Because everybody's different. You have language differences, and comprehension differences. It's needs to be tailored, really, to the individual event too.

I do a lot of coaching with healthcare professionals when something's gone wrong. And they, "What do I say? What do I say?" Well, what would you say if it was your family? What would you want to know if it was your family member? What would you want to know if it was you? "Oh, they're going to be mad at me!" Well, they might be. That's okay. Just take that, and listen to it. Try not to be defensive.

Silence is a good thing. People aren't comfortable with silence. Often the team will want to talk about all the treatments they did and all the tests they gave, and they use all their very specialized language, which families don't understand. Not that you need to dumb it down, you need to make it accessible for people. So talk to them about the tests you did, and why you did them. You know, "His blood sugar was low, so we did this test." You don't need to tell them the numbers because they usually don't know the numbers. So, make it so that it's understandable. Don't talk down to people, but make it so that it's understandable, and leave lots of space for them to ask the questions.

"What do you need to know?" And listen. It's really about that being comfortable with silence and letting the other person come to what they need to know from you instead of anticipating. Telling them what

you think they need to know. So it's really that combination of brevity, and silence, and listening.

Ask for Help

Pam:

In the disclosure phase, we always would try to have a facilitator or neutral kind of person to run the meeting, to make sure that that's happening. And they're sort of saying to the patient and the family, "Do you understand what Dr. Smith just said? He said that the medication was this, but unfortunately she got that. Is that clear to you?" Because sometimes so much is happening, and I often tell the family to write down what they're hearing. Because often in these meetings they're very anxious and highly stressed, and we don't compute things very well when we're in that state. So you can use that mediator/facilitator sort of person in a myriad of ways.

Disclosure Promotes Patient Safety

Kim:

Disclosure does promote patient safety because it contributes to healing after an event has occurred. It shows leadership, it shows a commitment to a systematic way to approach harm when it does occur. And it promotes transparency in practice, and a just culture.

Just Culture

Kim:

Practice environments that have a just culture understand that harm occurs, and they position that as an opportunity to learn from harm when it occurs. To instigate system-level improvements to mitigate that in the future. And so the disclosure contributes to a safer care environment because it supports just culture.