



ST. JOSEPH'S CARE GROUP

# Client Safety Incident Disclosure

**POLICY** Number: **AD 6-131**

**Manual:** Global Administrative Manual

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**Section in Manual:** Risk Management

**Approved by:** Leadership Quality Safety Risk

**Cross References:** AD 6-30, AD 6-105, AD 6-128, AD 2-120, LRC-09-01-03

## Purpose

The purpose of this policy is to outline the expectations regarding disclosure of client safety incident to clients, families, substitute decision maker (SDM) or legal representative. This policy will affirm that disclosure of harm is a process that is inclusive of both initial disclosure and post-analysis disclosure.

Disclosure of harm must occur if there has been any harm related to a patient safety incident, or if there is risk of potential future harm.

## Scope

This policy applies to all clinical settings at SJCG, excluding long term care (LTC). LTC to refer to the Disclosure of Resident Safety Incidents to Resident/SDM (LRC-09-01-03).

## Policy

1. Clients of St. Joseph's Care Group (SJCG) are entitled to the right to be informed of all aspects of their health care.
2. SJCG will disclose to the client and or substitute decision maker (SDM), Power of Attorney (POA) or personal representative, safety incidents that resulted in harm to the client.

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3. SJCG may also disclose no harm incidents, if there are significant benefits to client safety, taking into account whether:
  - a. the client is aware of the incident and an explanation will reduce concern and promote trust;
  - b. the client should be educated to monitor for future similar incidents;
  - c. a reasonable person in the client's position would want to know about the incident.
4. In all cases, disclosure will be conducted in accordance with legal, ethical and professional obligations.
5. Disclosure to clients includes the following;
  - The *material facts* of what occurred with respect to the incident.
  - The *consequences* for the client of the critical incident.
  - The *actions* taken after an incident.
  - The *recommendations* taken to address the consequences to the client of the critical incident, including any health care or treatment that is advisable.
  - Disclosure of a description of the *cause(s)* of the critical incident.
  - Any harm suffered as a result of the care provided.
  - Events that do not result in clinical consequences but a reasonable person would want information about because it might assist them in planning future care.
  - A *near miss* that reaches the client's awareness.
  - Disclosure of **Systemic Steps**, if any, that a health facility is taking or has taken in order to avoid or reduce the risk of further similar incidents.

## Types of Disclosure

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### Client disclosure:

Clients, family members, SDM's or the legal representative are given information regarding any incident that reached the client. This includes harm already suffered, or harm that may occur as a result of an incident as soon as practicable.

Disclosure is made collaboratively by the most responsible health care provider and/or the appropriate manager, and includes the provision of client support as determined appropriate. Dependent on the level of severity, the director of the applicable clinical area is consulted.

Clients have the right to decline disclosure if there is no risk to third parties.

### **Administrative disclosure:**

Administrative disclosure is mandatory under the Public Hospital's Act when a client receives treatment that results in death, or serious disability, injury or harm and does not result primarily from the client's underlying medical condition or from a known risk inherent in providing treatment (severity rating of critical). In addition, SJCG requires Administrative Disclosure for incidents with the severity ratings of severe and death.

When a client dies as a result of a client safety incident, the disclosure occurs (in this order) to:

1. The client's estate trustee;
2. The person who has assumed responsibility for the administration of the estate, if the estate does not have a trustee; or
3. A person lawfully authorized to make treatment decisions on behalf of the client immediately prior to the client's death.

To comply with the Public Hospitals Act, SJCG ensures that clients, the President/CEO and the Chair, Medical Advisory Committee (Chief of Staff) are notified as soon as possible after an incident requiring administrative disclosure.

When an incident requires administrative disclosure, the Coordinator Client Safety ensures that the President/CEO, the Chair of the Medical Advisory Committee are made aware of the following:

1. What occurred with respect to the incident;
2. Consequences for the client as they are known
3. Immediate actions taken to address the consequences to the client including any health care or treatment that is advisable

When a client safety incident requires a quality of care review that is Quality of Care Information Protection Act (QCIPA) 2016 protected, refer to policy AD 6-128.

When client safety incidents are discovered after a client/resident/SDM has been discharged, the administrative disclosure occurs in a timely manner.

The Vice President of the division is responsible to assess and address all specific requests for written information by the client/resident/SDM on an individual basis.

## **Public Disclosure/Large Scale Disclosure**

The President/CEO determines whether a public disclosure of an incident is made.

Legal counsel may be considered throughout the disclosure process at the discretion of the Vice President/President/CEO.

Disclosing a client safety incident that affects multiple clients includes additional elements, for example:

- Identifying which clients have been exposed to risk
- Deciding which clients should be contacted and how;
- Locating and communicating with clients who have been affected.
- Informing the community, other organizations, and the media.

## **Definitions**

### **Client**

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For the purpose of this policy *Clients* refers to clients and residents.

### **Apology**

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An 'apology' is genuine expression of sympathy or regret, a statement that one is sorry, other words or actions indicating contrition or commiseration. An apology does not imply an admission of fault, it demonstrates empathy for the affected persons (Apology Act, 2009).

## **Disclosure**

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The process which health care providers use to communicate a client safety incident to the client (client/resident), the substitute decision maker (SDM) or a legal representative. Client disclosure and administrative disclosure processes are utilized dependent on the severity of outcome to the client.

## **Initial Disclosure**

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The initial discussion with the client that should occur as soon as reasonably possible after a client safety incident.

## **Post Analysis Disclosure**

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Subsequent communications with a client as soon as reasonably possible after analysis of the client safety incident.

## **Large Scale Disclosure**

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An adverse event that affects a large number of clients; can be the result of a single or repeated occurrence over a period of time.

## **Quality of Care Review**

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The Quality of Care Review process provides the opportunity to learn from critical client safety incidents while promoting a just culture within the organization. The purpose of quality of care reviews is to study, assess or evaluate the provision of health care with a view to improving or maintaining the quality of care, or the level of skill and knowledge of the persons who provide health care. SJCG Quality of Care Committee is the Leadership Quality Safety Risk Committee (AD6-128).

Quality of care reviews may or may not be protected under the legislation Quality Care Information Protection Act (QCIPA).

## Treatment

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The maintenance, observation, medical care and supervision and skilled nursing care of a client. If dental services are available then included is dental care and supervision of the client.

## Near Miss

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Near miss is any event or situation that could have caused an incident but did not because of chance or timely interception.

## Client Safety Incident

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An event or circumstance that could have resulted, or did result, in unnecessary harm to a client.

## Severity:

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Severity rating is a measure of the actual outcome of the incident. The assignment of a severity rate highlights the seriousness of the incident and assists in defining the priority for development of system improvements.

**No Harm:** An incident in which an event reached a client but no discernible harm resulted.

**Mild Harm:** Client outcome is symptomatic, symptoms are mild, loss of function or harm is minimal or intermediate but short term, and no or minimal intervention is required.

**Moderate Harm:** Client outcome is symptomatic, requiring intervention, an increased length of stay or causing permanent or long-term harm or loss of function.

**Severe Harm:** Client outcome is symptomatic, requiring life-saving intervention or major surgical/medical intervention, shortening life expectancy or causing major permanent or long-term harm or loss of function.

**Death:** On balance of probabilities, death was caused or brought forward in the short-term by the incident.

**Critical Incident:** Any unintended event that occurs when a client receives treatment in the hospital, that results in death, or serious disability, injury or harm to the client, and does not result primarily from the client’s underlying medical condition or from a known risk inherent in providing the treatment.

**Factors Defining a Critical Incident:**

1. Did something unintended happen to the client/resident? *If yes, continue.*
2. Was the client/resident under the care of your facility at the time? *If yes, continue.*
3. Was there disability, injury or harm? If yes, what was the level of harm? *If yes, continue.*
4. Are there consequences to the client/resident now, or anticipated in the future? *If yes, continue.*
5. Did the incident result primarily from the client/resident’s known medical condition or from a known risk inherent to providing treatment? *Refer to chart below.*
6. Were all known preventability measures in place? If yes, were they being adhered to? *Refer to chart below.*

**Response Chart**

Question # 5	Yes	Yes	No	No
Question #6	No	Yes	Yes	No
<b>Critical Incident</b>	<b>YES</b>	<b>NO</b>	<b>NO</b>	<b>YES</b>

*\*\*Critical Incident will be selected by the Administrator of the system in collaboration with the health care team.*

## Procedure

### A. Client Disclosure

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1. When a client has an unintended event causing an incident that has reached the client (no harm, mild harm, moderate harm, severe harm and death), the health care provider most responsible for the client's care, in collaboration with the appropriate manager :
  - a. In a location promoting privacy, discloses to the client / substitute decision maker (SDM) in a manner that is sensitive to the condition of the client and the client's ability to cope with the situation;
    - i. Clients have the right to decline disclosure if there is no risk to third parties. Clients are advised that any future discussion of the matter is available to them. If the client declines the disclosure, the most responsible clinician, or manager documents on the clinical record.
  - b. Provides to the client/SDM, acknowledgement of the harm or harm that may occur
  - c. Provides an expression of regret and empathy (apology);
  - d. Provides factual information on how harm occurred and recommendations to prevent a further occurrence;
  - e. Informs that disclosure can be an ongoing process and may require a follow up meeting for further discussion; and
  - f. Documents in the client health record and in the electronic safety record the disclosure that has occurred.



## **B. Administrative Disclosure**

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### **Notification**

Upon notification of an incident requiring administrative disclosure (severe, death or critical) the Coordinator Client Safety notifies the appropriate Vice President (VP), the President & CEO , Chief of Staff and Chief Nurse Executive.

### **Initial Disclosure**

1. The manager or most responsible health care provider arranges a face to face meeting with the client/SDM ensuring privacy and confidentiality. If it is impracticable to accomplish in a timely fashion, the meeting may need to be by telephone, dependent on circumstance.
2. The manager or most responsible clinician considers the following criteria prior to disclosure:
  - The present health of the client
  - The capacity of the client to understand information relevant to their care
  - The needs for any resources to assist the client’s understanding and coping with the disclosure
  - Whether the client has conveyed a clear desire not to receive such information
3. During the initial disclosure meeting, the manager or most responsible clinician:
  - Ensures there is client support as deemed necessary during the disclosure meeting
  - Expresses empathy and regret for the incident
  - Presents only the facts of the event
  - Discloses any actual or potential harm that may result

- Indicates the commitment to learn more about the incident
- Indicates that this event has been reported through the appropriate means and communicated to administration, if the client and/or SDM asks
- Designates a staff member to be the client contact person for the remainder of the client's admission and after discharge
- Ensures client/SDM that new facts as they are uncovered as a result of a review will be disclosed in a timely manner to the client/ SDM
- Allows time for client/SDM to ask questions

*(Note: If the severity rating is higher than moderate the VP will determine who the most appropriate person to provide the disclosure).*

#### 4. Analysis/Investigation

The clinical manager/ director or delegate:

- Notifies the Manager of Health Records to secure the client's health record
- Reviews all relevant records available to promote understanding of the event
- Reviews the client's personal, social, language, religious and cultural needs
- Identifies those responsible to conduct ongoing disclosure
- Assesses and support the emotional needs of the health care provider as appropriate
- Informs other relevant front line staff of the situation and their role in the process
- Completes the Client Incident Investigation form and sends to the most responsible VP.

## Post Analysis Disclosure

5. Disclosure is seen as a dialogue over time. Further discussions depend on the client's condition, the severity of the incident, their understanding of the event and the questions that may arise. If the severity rating is higher than moderate the VP will determine who the most appropriate person to provide the disclosure. When an investigation is complete the client/SDM is offered the opportunity for a further disclosure meeting. This includes:

- Any consequences to the client as a result of the incident as they become known
- Actions taken and recommended actions to be taken to address the consequences to the client
- Any healthcare or treatment that is advisable
- Improvements made to prevent similar incidents
- A further expression of regret and an apology with acknowledgement of responsibility for what has happened as appropriate
- Continued support for the client.

### 1. Documentation

When a client incident occurs the most responsible clinician or manager documents the incident in an objective, factual and narrative way in the electronic safety report and in the client's health record immediately upon discovery of the incident. Administrative disclosure is documented as follows:

#### a) Client Health Record

- Date, time and place of disclosure meetings;
- Names of all individuals present at the meeting, including staff, medical staff, client, family and SDM, and their relationship to the client
- The material facts of what occurred with respect to the incident

- The consequences for the client as they become known
- The actions taken and recommended actions, including any health care treatment that is proposed

b) Electronic Safety Report (**Incident Learning System**)

- Names of individuals present at the disclosure meeting(s);
- Date, time and place of disclosure meeting(s);
- Facts presented;
- The responses and/or questions from the client or SDM;
- Offers of assistance and responses;
- The planned follow-up including key contact information for an appointed contact person.
- Any follow up investigation is recorded in the Electronic Safety Report and not in the client's health record.
- Disclosure details.

2. Provision of Client Support

In addition to any medical treatments needed, consideration should also include the need for spiritual care, social work, etc. for the client, family, SDM.

3. Provision for Health Care Provider Support and Education

Critical incident debriefing services are available to any person/team/program that requires emotional support to cope with the event. The manager offers support to the team, or individuals and makes appropriate arrangements. Individual health care providers requesting support should contact their manager.

## **C. Public Disclosure/Large Scale Disclosure**

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When determined by the President and Chief Executive Officer (CEO) that public disclosure of an incident should occur, the following guidelines apply:

- Director of Communications, Engagement & Client Relations develops a communication strategy and plan for disclosure of the information to appropriate stakeholders including clients, staff, media, government, professional associations, advocacy groups, unions, etc.
- The communication strategy, plan and tools are reviewed and endorsed by the President and CEO, in consultation with legal counsel and the appropriate clinical management team before implementation begins.
- Implementation of the communication strategy is led by the Director of Communications, Engagement & Client Relations and supported by appropriate members of the Leadership Team.
- Director of Communications, Engagement & Client Relations designates and supports one or more authorized spokesperson(s) to address media inquiries in a timely, consistent and accountable manner, consistent with the 2-120 -Release of Information to the Media policy.
- In conjunction with legal counsel it may be determined that health care provider(s) involved in the incident should have no direct contact with the media representatives.
- Written permission of the client/substitute decision maker or next-of-kin must be received before such information is released publicly.
- Director of Communications, Engagement & Client Relations maintains accurate records of all statements, releases, newspaper articles and electronic media reports.

Due to the fact that a third party may disclose the information externally, St Joseph's Care Group will not always be in control of the decision to release this information. Therefore, it is critical that planning for external release of information always be

undertaken, even if St Joseph's Care Group makes a decision not to disclose such information publicly.

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