

University of Michigan Hospitals and Health Centers
Applying Steps 1, 2 & 3 to Determine Levels of Disclosure
(Case Example 1: Error / No Harm / Near-Miss)

Case Example 1	Step 1	Step 2	Step 3
<p>The wrong dose of a medication is sent by pharmacy. It never reaches the patient but is reported through an incident report for further analysis.</p>	<p>(Severity Scale Rating) NCC MERP Category B Incident: Error / No-Harm / Near-Miss</p>	<p>(Potential harms of disclosure to the patient)</p> <ul style="list-style-type: none"> ◆ Disclosure to the patient may cause alarm, anxiety and distrust in the healthcare system. ◆ The patient may discontinue treatment for fear of further errors or harm. ◆ Disclosure of near-misses may be unwelcome as some patients may not wish to have this knowledge <p>(Potential benefits of disclosure to the patient)</p> <ul style="list-style-type: none"> ◆ The organization is forced to be transparent about its vulnerabilities. ◆ The patient may take greater responsibility for his/her own care by being more aware of the medication that is being received - the name, dosage, frequency, proper route, and purpose of the drug. 	<p>(Guiding principle to consider)</p> <ul style="list-style-type: none"> ◆ There is a strong ethical duty to do no harm and to place the best interests of the patient above other interests. <p>(Making the decision to disclose)</p> <ul style="list-style-type: none"> ◆ Even though the organization believes there is a strong ethical duty to disclose errors; in this case, there was no harm to the patient since the error was intercepted and the organization was alerted to the incident for further systems analysis. ◆ Disclosure may cause undue emotional distress for the patient. ◆ It may be unreasonable to place too great a burden of responsibility for medication monitoring on the patient. ◆ The organization makes the determination that disclosure may not be warranted for near-miss incidents which do not result in any harm to the patient.

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