

University of Michigan Hospitals and Health Centers

Policy 03-07-011 Disclosure of Unanticipated Patient Outcomes

Issued: 09/01 Last Reviewed: 9/04 Last Revised: 9/04

I. POLICY STATEMENT

It is the policy of the University of Michigan Hospitals and Health Centers that patients be treated with openness and honesty at all times, and that their right to know their medical status is respected. Full disclosure of results, including results that differ significantly from what was anticipated (Unanticipated Outcomes) enables patients to make informed decisions regarding future medical care.

II. POLICY/PROCEDURE PURPOSE

In general patients should be informed about all aspects of their care and treatments, including unanticipated outcomes. The purpose of this policy is to establish guidelines for providing information about unanticipated outcomes of treatment to patients, and when appropriate as authorized by the patient under HIPAA to their families/significant others. Please note: this policy refers to a patient's right to know their medical condition and unanticipated outcomes. The reasons or causes for unanticipated outcomes are not always readily apparent and may not be understood as quickly. This policy should not compel attending physicians to speculate as to causes or reasons for unanticipated outcomes before those causes are fully understood. Under those circumstances, it is best to defer explanations until comfortably understood.

III. DEFINITIONS

Disclosure: Communication of information regarding the results of a diagnostic test, medical, surgical or other interventional treatment.

Unanticipated Outcome: A result that differs significantly from what was anticipated to be the result of a treatment or procedure.

IV. POLICY STANDARDS

A. Clinicians will provide timely and concise information to patients, and when appropriate as authorized by the patient under HIPAA to their families/significant others about all aspects of their medical care, including results and response to treatment.

B. Attending physicians have the primary responsibility for ensuring that the patient is informed about outcomes of care/treatment. The Chief of Staff/designee may become the physician who delivers the notification in those instances where the patient's attending physician is unavailable or circumstances dictate that communication by another is advisable.

C. Information gathered as parts of quality assurance processes must be kept separately within the quality assurance process by law and cannot be disclosed.

V. PROCEDURE ACTIONS

Who	<p>Attending physicians have the primary responsibility for ensuring that the patient is informed about outcomes of care/treatment. If more than one service is involved, they should collaborate in discussing outcomes of care when appropriate.</p> <p>The Risk Management Office is available to assist.</p>
What	<p>Entry of the discussion will be made into the patient's medical record by the provider who notified the patient of the unanticipated outcome in treatment. At a minimum, the patient will be informed about:</p> <ul style="list-style-type: none"> • The factual information of the outcome that occurred. • Any known repercussions of the outcome may have on the patient's care and on short-and-long-term health. • The proposed plan to respond to these repercussions. • Point of contact for further questions and/or follow-up. <p>Patients should be given time and opportunity to ask questions.</p> <p>Any information based on peer review for the purpose of monitoring, assessing, or documenting the quality of the diagnostic or treatment services is confidential medical quality assurance information and cannot be disclosed to patients or documented in the medical record.</p>
When	<p>There are occasions when the sharing of outcome information can put a patient at risk of harm either due to the potential for psychological trauma or exposure to physical harm. Professional judgment will determine when and how the information will be shared. Reasons for withholding the information should be documented in the medical record. Disclosure may be deferred to a more appropriate time, but should be completed no later than the time of discharge/completion of care at the facility.</p>
How	<p>Attending physicians may review disclosure steps with their Department Chairs or the Office of Clinical Affairs. In the cases of serious unanticipated outcomes, the Chief of Staff will be consulted to assess if the event warrants a multidisciplinary meeting to review the facts surrounding the event before the patient disclosure meeting. Delivery of the unanticipated outcome disclosure will be with empathy and compassion, detailing full disclosure of known relevant facts and actions by all involved parties. See Attachment A</p> <p>Often, use of a detailed outline can ensure that all information of the event is delivered in a concise and understandable manner.</p> <p>The attending physician should be prepared with answers to questions and/or concerns that may be raised and a plan to investigate those questions for which answers may not be available at the time of disclosure.</p> <p>Recommendations for further treatment should be identified and discussed at the disclosure meeting.</p> <p>In some cases follow-up meetings should be held after the initial meeting to provide updates about the event to the patient/significant other(s). All subsequent meetings will occur promptly as additional information relevant to the disclosure becomes available.</p>

VI. EXHIBITS

Attachment A: [GUIDELINES FOR DISCLOSURE](#)

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Approved by: ECCA, September 25, 2001; September 28, 2004

Approved by: Director and CEO, UMHC, October 5, 2001; October 11, 2004

UMHC Policy 03-07-011, Exhibit A Disclosure of Unanticipated Patient Outcomes GUIDELINES FOR DISCLOSURE

- Gather all facts needed for presentation of information.
- Presume good will on behalf of all parties.
- Approach the disclosure with honesty.
- Confidentiality of patient information is primary.
- Decisions are patient-centered.
- Input from family is invited, welcomed and valued.
- Patient's primary caregivers are valued and welcomed.
- Recommendations, not decisions are the goals.
- Pay attention to patient preferences and cultural considerations.
- Do not speculate on causes or reasons for unanticipated outcomes – communicate what is known and plan to follow up as more information becomes available.

IMPORTANT

In some cases, a *detailed outline* should be followed to ensure that all information of the event is delivered in a concise manner.

The attending physician should be *prepared with answers to foreseeable questions* and/or concerns that may be raised and a plan to further investigate should answers to questions not be readily available at the time of disclosure.

Recommendations for next steps for treatment should be identified and discussed at the disclosure meeting.

In some cases *follow-up meetings should be held* after the initial meeting to provide updates about the event to the patient as more information becomes available.

Support and advice from departmental chairs, OCA, Risk Management or the Health System Legal Office should be sought where helpful.

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