

 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p style="text-align: center;">POLICY</p>	<p>REGIONAL</p> <p>Applicable to all WRHA governed sites and facilities (including hospitals and personal care homes), and all funded hospitals and personal care homes. All other funded entities are excluded unless set out within a particular Service Purchase Agreement.</p>		Level: 1
	Policy Name: Disclosure of Information related to Care and Treatment	Policy Number: 10.50.030	Page 1 of 4
	Approval Signature: <i>Original signed by B. Postl</i>	Section: GENERAL ADMINISTRATION	
	Date: July 2007	Supercedes: June 2002 - Critical Clinical Occurrences, Disclosure	

1.0 PURPOSE:

- 1.1 To promote the open and honest communication of pertinent information about care provided, to patients and/or substitute decision-makers.
- 1.2 To maintain and strengthen the trust relationship between patients and healthcare providers by promoting the sharing of pertinent information with patients, either through discussions or by providing access to current treatment records.
- 1.3 To provide direction to the WRHA and its staff with regard to the disclosure of critical incidents, as outlined in *The Regional Health Authorities Amendment and Manitoba Evidence Amendment Act*.

2.0 DEFINITIONS:

- 2.1 “Patient” refers to any individual receiving services including patients, clients and residents.
- 2.2 “Substitute Decision-Maker” refers to a third party identified to participate in decision-making on behalf of a person who lacks decision-making capacity concerning disclosure. The task of the Substitute Decision-Maker is to faithfully represent the known preferences and/or the interests of the incapable person.

The following, in order of priority, may act as Substitute Decision-Makers:

- 2.2.1 any person with written authorization from the individual to act on the individual’s behalf;
- 2.2.2 a proxy appointed by the individual under *The Health Care Directives Act*;
- 2.2.3 a committee appointed for the individual under *The Mental Health Act* if the committee has the power to make health care decisions on the individual’s behalf;
- 2.2.4 a substitute decision-maker for personal care appointed for the individuals under *The Vulnerable Persons Living with a Mental Disability Act* if the receipt of the information or access to the record relates to the powers and duties of the substitute decision-maker;
- 2.2.5 a parent or legal guardian of the individual, if the individual is a child;
- 2.2.6 if the individual is deceased, his or her personal representative as defined in *The Trustee Act*.

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- 2.2.7 a spouse, with whom the individual is cohabiting, or a common-law partner;
- 2.2.8 a son or a daughter;
- 2.2.9 if the individual is an adult, a parent of the individual;
- 2.2.10 a brother or sister;
- 2.2.11 a person with whom the individual is known to have a close personal relationship;
- 2.2.12 a grandparent;
- 2.2.13 a grandchild;
- 2.2.14 an aunt or uncle;
- 2.2.15 a nephew or niece

2.3 “Critical Incident” (CI) is an unintended event that occurs when health services are provided to an individual and results in a consequence to him or her that:

- a) is serious and undesired, such as death, disability, injury or harm, unplanned admission to hospital, or unusual extension of hospital stay; and
- b) does not result from the individual’s underlying health condition or from a risk inherent in providing the health services.

2.4 “Disclosure” is a process that includes sharing pertinent information with the patient and/or substitute decision-maker about the care provided, as well as responding to questions. The process may involve a number of encounters over time as more information is learned about a particular situation.

3.0 **POLICY:**

- 3.1 The sharing of pertinent information about care and treatment provided to patients by staff/medical staff will be integrated into the routine processes of providing services. The sharing of information will occur in a timely manner by means of discussions and conversations as well as by providing access to current treatment records, upon request.
- 3.2 With respect to events and situations that fulfill the criteria to be considered a **critical incident** (refer to policy 10.50.040) all employees and members of medical staff involved in disclosure discussions which will take place with the patient and/or substitute decision-makers, will include the following:
 - the facts of what actually happened;
 - the consequences for the patient and the steps to be taken to address those consequences;
 - a regret that the event occurred and resulted in harm to the patient; and the availability of copies of the health record.
- 3.3 WRHA will provide training and support for staff/medical staff who may be called on to participate in disclosure discussion or other types of difficult conversations.

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4.0 **PROCEDURE:**

The sharing of pertinent information will be provided by the most appropriate person(s) after discussion with the supervisor/manager of the clinical area. Questions to be considered will include:

- Who has the appropriate knowledge of the event details
- Who is comfortable sharing the information
- Who has developed a trust relationship with the patient/family

These considerations will apply equally to those events that do not meet the criteria to be considered a CI as well as those events that are considered a CI. In most cases, the most responsible staff members, likely the physician(s) if available, will participate in discussions involving disclosure of critical incidents.

5.0 **REFERENCES:** N/A

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APPENDIX

Guidelines For Disclosure in the case of Critical Incidents

1. What events or situations ought to be disclosed?

Refer to the definition of **critical incident** as outlined in the Critical Incident Management and Learning policy (10.50.040).

2. To whom should the disclosure be made?

Disclosure should be made directly to the patient and/or his/her substitute decision-maker. If the patient lacks the capacity to understand the information, disclosure should be made available to a person authorized by the regulations to receive information and records on the individual's behalf (see 2.2).

3. When should disclosure take place?

The initial disclosure of the Critical Incident should take place as soon as is practicably possible after it has occurred or has been identified.

4. Who ought to disclose details to clients and/or family?

Disclosure may best be accomplished by a team of care providers and requires coordinated planning prior to the disclosure. In most the attending or most responsible physician(s) should be included in the group making the disclosure. Those involved in disclosure discussion should be knowledgeable about the details of the event as well as comfortable undertaking such discussions. Advice and assistance will be available through the regional WRHA Patient Safety Team.

5. What ought to be disclosed?

This is defined in both the legislation and the Critical Incident Management and Learning policy (10.50.040). In addition to a description of the facts of what actually occurred, the consequences for the individual and the steps that will be taken to address those consequences, it is appropriate to include the following:

- An expression of **regret** that the Critical Incident occurred and caused harm to the client.
- An offer to provide **copies of the documentation in the health record**, as described in the legislation and policy regarding Critical Incidents.
- Where possible, an offer of a **second opinion**, the involvement of outside assistance, or the transfer of care to another provider or facility.