Title: Disclosure	Domain Name: Administration and Leadership
Current Effective Date: **Date: August 8, 2017**	Next Review Date: **Date: August 8, 2019**
Issuing Authority: NTHSSA CEO	Date Approved: **Date: August 8, 2017**
ROP Accreditation Canada Leadership Standards	

POLICY AND GUIDING PRINCIPLE:

There is a documented and coordinated approach to disclosing patient safety incidents to clients and families, and promotes communication and a supportive response.

For the purpose of this policy, the Northwest Territories Health and Social Services Authority (NTHSSA) adopts The Canadian Disclosure Guidelines.

PURPOSE/RATIONALE:

Disclosure of patient safety incidents is an ongoing discussion that includes the following core elements:

- Informing those affected that a patient safety incident has occurred and offering an apology
- Explaining what happened and why, as facts are known
- Discussing the immediate actions taken to care for the client and mitigate further harm
- Reviewing recommended actions to prevent future incidents
- Offering support to all involved

The support provided meets the needs of those involved (clients, families, and the team), and can be practical (e.g., reimbursement for out-of-pocket expenses) or emotional/psychological (e.g., helping with access to support groups or offering counselling).

Disclosing a patient safety incident that affects multiple clients (e.g., failures in sterilization, privacy breeches) 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

When asked for their feedback, clients and families are encouraged to speak from their own perspective and in their own words about their experience.

SCOPE/APPLICABILITY:

This policy applies to all NTHSSA staff.

DEFINITIONS:

Harmful Incident:	A patient/client safety incident that resulted in harm to the patient/client. Replaces adverse or sentinel event.
No Harmful Incident:	A patient/client safety incident which reached a patient/client but no discernable harm resulted.
Near Miss:	A patient/client safety incident that did not reach the patient/client. Replaces close call.

PROCEDURE:

1. The Canadian Disclosure Guidelines after an Adverse Event are resources for developing and implementing a transparent and supportive disclosure process. http://www.patientsafetyinstitute.ca/en/toolsResources/disclosure/Documents/CPSI%20Canadian%20Disclosure%20Guidelines.pdf

2. In cases of incidents resulting in minor harm, the disclosure leader will be the most responsible clinician.

3. In cases of incidents resulting in moderate harm, the disclosure leader will be the most responsible clinician, and the area medical director will be notified.

4. In the case of an incident resulting in severe or fatal harm, the disclose leader will be determined by the Chief Executive Officer based on circumstances.

5. Disclosure will be documented by the disclosure leader in the patient/clients record.

Additional Information:

- All Harmful Incident, No Harmful Incident and Near Miss incidents should be reported via the incident reporting system.

- Guidelines for Informing the Media after an Adverse Event are resources for developing and implementing a transparent and supportive disclosure process. http://www.patientsafetyinstitute.ca/en/toolsResources/InformingMediaAdverseEvent/Documents/CPSI%20Best%20Practice%20Guide.pdf

PERFORMANCE MEASURE:

- 100% disclosure to patient/clients and families for harmful incidents.

- Feedback clients, families, and team members about their experience with disclosure is positive.

TESTS FOR COMPLIANCE:

1. There is a documented and coordinated process to disclose patient safety incidents to clients and families that identifies:

- Which patient safety incidents require disclosure
- Who is responsible for guiding and supporting the disclosure process
- What can be communicated and to whom about the incident
- When and how to disclose
- Where to document the disclosure.

2. The disclosure process is reviewed and updated, if necessary, once per accreditation cycle, with input from clients, families, and team members.

3. Those responsible for guiding and supporting the disclosure process are provided with training on disclosure.

4. Communication occurs throughout the disclosure process with clients, families, and team members involved in the patient safety incident. Communication is documented and based on their individual needs.

5. As part of the disclosure process, practical and emotional/psychological support is offered to clients, families, and team members involved in the patient safety incident.

6. Feedback is sought from clients, families, and team members about their experience with disclosure and this information is used to make improvements, when needed, to the disclosure process.

CROSS-REFERENCES:
N/A

ATTACHMENTS:
- Attachment A: Disclosure Guidelines

- Attachment B: Disclosure Documentation Form
- Attachment C: Disclosure Template

REFERENCES:

- Accreditation Canada Qmentum Standard 2017: Leadership Standards.

- The Canadian Disclosure Guidelines after an Adverse Event are resources for developing and implementing a transparent and supportive disclosure process. http://www.patientsafetyinstitute.ca/en/toolsResources/disclosure/Documents/CPSI%20Canadian%20Disclosure%20Guidelines.pdf

- Guidelines for Informing the Media after an Adverse Event http://www.patientsafetyinstitute.ca/en/toolsResources/InformingMediaAdverseEvent/Documents/CPSI%20Best%20Practice%20Guide.pdf

APPROVAL:

Reviewed and approved by:

AUG 0 8 2017

Sue Cullen
Chief Executive Officer

8/17

Date