

TITLE: COMMUNICATION OF UNANTICIPATED OUTCOMES

PURPOSE: Patients have the right to receive timely, accurate, and understandable information in order to make informed healthcare decisions. This policy makes clear the University Health System's philosophy and approach for patient communication regarding outcomes of care, including unanticipated outcomes. [Key Words: Unanticipated Outcomes].

POLICY STATEMENT:

It is the policy of the University Health System (Health System) that patients and, when appropriate, their families or patient-authorized representatives be informed about the outcomes of their care, including unanticipated outcomes and medical errors.

I. DEFINITIONS:

- A. An "unanticipated outcome" is a result that differs significantly from what is anticipated to be the result of the performance of care or omission of care provided to a patient.
- B. A "medical error," as defined by the Texas Department of State Health Services (TDSHS), is the failure of a planned action to be completed as intended, the use of a wrong plan to achieve an aim, or the failure of an unplanned action that should have been completed, that results in an adverse event.

II. PROCEDURAL GUIDELINES:

- A. An unanticipated outcome will be communicated in a timely and appropriate manner by the attending physician with primary responsibility for the patient's care, as soon as reasonably

possible taking into consideration the patient's condition. In all instances, absent extraordinary circumstances, the communication should occur no later than 24 hours after becoming aware that the unanticipated outcome has occurred. Prior to the disclosure of an unanticipated outcome that constitutes a sentinel event (UHS Policy 5.08), the Attending Physician will notify the Hospital Administrator or designee who may wish to be present during the communication of an unanticipated outcome.

- B. In rare instances where the attending physician believes that the patient or appropriate representative may be harmed by the disclosure, the discussion may be postponed until the benefits of disclosure are greater than the potential harm. Documentation regarding these circumstances should be made in the patient's medical record.
- C. Other staff members (e.g. consulting physician, nurse, administrative personnel, Spiritual Care) may be present to help explain the outcome if deemed appropriate by the responsible attending physician. The provider may also contact the Director, Risk Management at (210) 358-1345 for guidance concerning communication of the outcome.
- D. The communication should foremost include an explanation of what occurred, an expression of regret that the unanticipated outcome occurred, followed by an objective statement of the outcome, any known definitive consequences, any potential future consequences, actions taken to treat the patient, and any other treatment options available. Questions should be answered factually and directly, without speculation regarding what is unknown.
- E. To assure the patient or appropriate representative understands

the information, simple, non-technical language is recommended. Use an interpreter if needed. (Refer to attachment A for communication considerations.)

- F. Available support services for the patient and family should be offered. These may include Spiritual Care Services, Social Services, and other community support services.
- G. In instances where there may be anger, conflict or questions of legal remedies, the Patient Relations Department may act as a liaison for the patient and family for future support or questions.

III. DOCUMENTATION:

- A. Medical record documentation is the same as for all other medical care and should include a factual explanation of the outcome; any treatment plan changes or recommendations; level of understanding exhibited by the patient or representative; and the names of persons present for the conversation to include their relationship to the patient. If an interpreter or other interpreter services or communication assistance is provided, this should be documented, as well.

IV. REPORTING:

Unanticipated Outcomes should be reported in accordance with UHS Policy 5.015, Occurrence Reporting, and if applicable, UHS Policy 5.08, Sentinel Event.

V. CONFIDENTIALITY OF INFORMATION AND DOCUMENTATION:

- A. Disclosure of an unanticipated outcome abides by the confidentiality statutes and regulations, including the Privacy Act

and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule as outlined in Corporate Policy 2.1401 Uses and Disclosures of Protected Health Information.

- B. All reports, information and communication related to an unanticipated outcome shall be treated as confidential and shall be maintained in a confidential manner by the Director, Risk Management on behalf of the Quality Risk Management Committee. All documents shall be marked as follows: “All proceedings and records of the Quality Risk Management Committee are confidential and all professional review actions and communications made to the Quality Risk Management Committee are privileged under Texas and federal law. TX. OCC. CODE ANN. Chps. 151 and 160; Tex Health and Safety Code § 161.032; and 42 USC § 11101 et seq.”

VI. SUPPORT FOR STAFF INVOLVED IN AN UNANTICIPATED OUTCOME:

Resources are available to support staff involved in an unanticipated outcome through the Health System’s Employee Assistance Program, as well as the Center for Caring.

REFERENCES/BIBLIOGRAPHY:

- The Joint Commission (2010) Hospital Accreditation Standards; Participation in care decisions, Standard R1:01.02.01 A20
University Health System Policy No. 5.015, Occurrence Reporting
University Health System Policy No. 5.08, Sentinel Events
Minnesota Hospital Association (2002), Communicating Outcomes to Patients (www.mnhospitals.org).
American Society for Healthcare Risk Management series on Disclosures: Part I, II, III. 2004.

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OFFICE OF PRIMARY RESPONSIBILITY: Director, Risk Management