Department of Health Government of Nunavut	Department of Health POLICY, PROCEDURE AND PROTOCOLS **Operations**	
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Client Safety Disclosure Policy	Administration	05-035-00
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APPLIES TO:		
Health Care Professionals		

PREAMBLE

Clients are entitled to information about themselves and about their medical condition including the risk inherent in healthcare delivery. Independently, the client has the right to control what happens to his or her body. This requires that information be provided about possible unexpected client safety incidents.

The obligation to disclose is a key part of the client safety management system and a requirement by Accreditation Canada. Current Healthcare literature commonly recognizes that having a clear framework in place is necessary for health care professionals to feel comfortable carrying out disclosure; furthermore, an effective acknowledgement and apology can have a profound healing effect, restore relationship and even strengthen them.

The Legal Treatment of the *Apologies Act* in Nunavut establishes that apologizing does not constitute an admission of guilt or civil liability, and cannot be used against the person giving the apology in legal proceedings. Bearing in mind this statement along with best practices and those principles highlighted in section 2 of this policy, the department of health reinstates the need and its determination to train health care professionals on disclosure and its requirements through development and adoption of the following policy:

1. POLICY

1.1 Disclosure of incidents shall take place, as soon as it is practical. The following are incidents:

1. Harmful incidents;
2. No harm incidents when the immediate supervisor decides, according to section 5.1 of this Policy, that disclosure is to take place; and
3. Near miss incidents when the immediate supervisor decides, according to section 5.1 of this Policy, that disclosure is to take place.

2. PRINCIPLES

2.1 This Policy is based on the following principles:

1. *Tunnganarniq,* fostering good spirits by being open, welcoming and inclusive;
2. *Inuuqatigiitsiarniq,* respecting others, relationships and caring for people;
3. *Piliriqatigiinniq,* working together for a common cause, and more specifically, for the health and safety of client s of the Department of Health;
4. Client s deserve a high standard of care and transparency from the Department of Health;
5. Disclosure is a non-punitive activity that does not seek to blame individuals; and

6. The Department of Health is a learning organization that continuously seeks to improve its processes.

3. DEFINITIONS

Apology: means an expression of sympathy or regret, a statement that a person is sorry or any other words indicating contrition or commiseration;

Client: means the client of the Department associated with the disclosable incident;

Client safety incident: means an event or circumstance which could have resulted or did result in harm to the client and it includes a near miss, a no harm incident and a harmful incident;

Department: means the Government of Nunavut's Department of Health;

Disclosee(s): means the person(s) entitled to information about a disclosable incident under section 8 of this Policy;

Disclosure: means the communication of information about a disclosable incident to the disclosee(s);

Disclosure meeting: includes the initial disclosure meeting and any subsequent disclosure meeting about the same disclosable incident;

Harm: means an unexpected or normally avoidable outcome that

1. negatively affects a client 's health or quality of life;
2. occurs or occurred in the course of health care treatment; and
3. is not due directly to the client 's underlying illness;

Harmful incident: means an event or circumstance that resulted in permanent harm/damage or death to the client;

Health care professional: means a person who provides health services in Nunavut for the Department, either as an employee or a contractor and, for greater certainty, includes physicians;

Immediate supervisor: means

1. the Supervisor of Community Health Programs for the community or equivalent if the disclosable incident is reported by a member of the public; and
2. the supervisor of the health care professional who reported the client safety incident if the report was made by a health care professional.

Initial disclosure meeting: means the first meeting through which a disclosable incident is communicated to the disclosee(s);

Most responsible professional: means the health care professional based at the facility where the client is receiving health services who has the final responsibility and accountability for the care of the client at the facility;

Near miss: means an event or circumstance which could have resulted in harm to the client but did not reach the client;

No harm incident: means an event or circumstance which could have resulted in harm to the client, reached the client, but did not cause discernable harm to the client;

Subsequent disclosure meeting: means a meeting that takes place after the initial disclosure meeting to provide the disclosee(s) with further information about a disclosable incident;

Substitute decision maker: means a person other than the client who is legally authorized to consent to medical treatment or receive personal health information on behalf of the client;

Risk: means the chance that someone could be harmed by a client safety incident.

4. SCOPE OF APPLICATION

This Policy applies to all health care professionals.

5. PROCEDURE

5.1 Which Incidents Must be Disclosed

Table 1: When to Disclose an Incident

Type of Incident	Is Disclosure Required?
Harmful Incidents	Disclosure is mandatory
Near Miss Incidents or No Harm Incidents	Disclosure may be required. The immediate supervisor shall consider the following when deciding whether disclosure is required: i. whether an ongoing risk to the client exists; and ii. whether being informed of the incident would be beneficial for the client.

Note: Resources have been provided in the Appendices to assist health care professionals determine whether a client safety incident qualifies as a disclosable incident.

- Appendix A: Assists with classifying the type of client safety incident
- Appendix B: Assists with determining whether the incident is a disclosable incident based on the degree of harm.

If there is uncertainty as to whether a particular client safety incident is a disclosable incident, consultation with the appropriate supervisor must take place

5.2 Recipients of Disclosure

5.2.1 Disclosee: The following person(s) are entitled to information about a disclosable incident:

a. The client; or

b. The client's parent, legal guardian, next of kin or substitute decision maker, as appropriate, if the client is unable to consent to medical treatment.

5.2.2 When the person(s) entitled to information under section 5.2.1 of this Policy change(s) between disclosure meetings, the disclosure team must provide the person(s) newly entitled to information with the information previously disclosed.

5.2.3 When the client requests that a friend, relative or elder participate in a disclosure meeting, the disclosure team will make accommodations for the client's request.

5.3 **Refusal of disclosee(s) to participate in disclosure**

5.3.1 If there is no risk to third parties, a disclosee may, on his or her own initiative, refuse to participate in the disclosure process.

5.3.2 When a disclosee declines to participate, the disclosure team shall

a. Inform the disclosee that the disclosure process will remain available to discuss the matter at a later time;
b. Document the refusal to participate in the client 's health record; and
c. Document the refusal in a secure file at the Regional Office.

5.4 **The Disclosure Team**

5.4.1 The supervisor is to assemble the disclosure team as soon as possible after the incident occurred. The supervisor is to consider the following when selecting the team:

a. The health care professionals' qualifications, training and knowledge of the incident;
b. The team should be comprised of at least two health care professionals;
c. It is preferable to have the most responsible provider on the team;
d. It is preferable to have at least one physician and one nurse on the team;

5.4.2 Health care professionals can refuse to be a member of a disclosure team in certain circumstances such as:

a. Emotional or physical stress preventing them from carrying out disclosure professionally; or
b. Concerns or fears that participating in disclosure may threaten their own safety.

5.4.3 Every attempt is to be made to keep the disclosure team membership the same between disclosure meeting(s) to provide continuity for the disclosee. The immediate supervisor may be required to change the team composition under certain circumstances such as:

a. One of its members is no longer a department employee or contractor; or
b. One of its members is refusing to remain part of the disclosure team as per section 5.4.2 of this Policy.

5.4.4 When the disclosure team membership is changed, the immediate supervisor must ensure that all relevant information about the disclosable incident is given to the new disclosure team member(s) before the next disclosure meeting takes place.

5.4.5 *Postponing Disclosure*

The disclosure meeting may be postponed if there are reasonable grounds to believe that holding the meeting at the time envisioned by this Policy could result in immediate and grave danger to the mental or physical health or safety of the disclosee(s) or another person.

a. The disclosure team shall collaborate with the Regional Executive Director, the Territorial Chief of Staff and the Chief Nursing Officer before making the decision to postpone the disclosure meeting.
b. The disclosure team shall document, in a secure file at the Regional Office, the following information:

i. Names and functions of all persons who participated in making the decision;
ii. Date of the decision; and
iii. Detailed reason(s) for postponing the meeting.

c. The disclosure team shall re-evaluate the status at frequent intervals to determine when the disclosure meeting can be held without immediate and grave danger to the disclosee or other person.

5.5 **The Initial Disclosure Meeting**

5.5.1 *Preparing for the initial disclosure meeting*

As soon as possible after forming a disclosure team, the immediate supervisor shall arrange a disclosure team meeting during which the team will

a. review all relevant records and facts about the disclosable incident, as available at that point in time;
b. assess the client 's health care needs and prepare treatment options and recommendations, as appropriate;
c. determine which disclosure team member will be the main communicator. It is preferable for the most responsible provider to play that role;
d. assess the potential need(s) of the client and disclosure team members for the supports listed in section 5.10 of this Policy and develop plans to meet those needs;
e. set a time and location for the initial disclosure meeting that meets accessibility and privacy needs;
f. arrange for the services of an interpreter, as required.

5.5.2 *Informing disclosee(s) of initial disclosure meeting*

The main communicator for the team will inform the disclosee(s) of the time and location for the initial disclosure meeting.

5.5.3 *Key items to cover at initial disclosure meeting*

a. acknowledge that the most responsible provider is not present, should that be the case;
b. share the objective facts about the incident, as known at that point;
c. explain the consequences of the incident for the client , as known at that point;
d. offer an apology for what happened;
e. explain the actions taken to address the consequences of the incident;
f. explain treatment options and recommendations, as appropriate;
g. explain the investigative process that is to follow and how the resulting findings will be communicated;
h. explain that the disclosure team remains accessible for ongoing communication and provide appropriate contact information;
i. offer, based on needs, the supports listed under section 5.10 of this Policy;
j. leave ample time for the disclosee(s) to ask questions and the team to respond;
k. offer to research any questions that the disclosure team cannot answer immediately and arrange for a timely follow-up.

5.6 **Subsequent Disclosure Meeting(s)**

5.6.1 The immediate supervisor shall organise subsequent disclosure meetings under the following circumstances:

a. each time new significant facts regarding the incident become known following the initial disclosure meeting; and
b. upon completion of the investigative process for the incident where an investigation took place.

5.6.2 *Preparing subsequent disclosure meeting(s)*

The disclosure team will meet prior to the subsequent meeting to:

a. review the findings of the investigative process or the new significant facts about the incident that have emerged but have yet to be disclosed;
b. develop an action plan to reduce the risk of a similar incident reoccurring by considering the findings of the investigative process if it has been completed;
c. reassess the client 's health care needs and prepares treatment options and recommendations, as appropriate;
d. reassess the potential needs for the and develop plans to fulfill them ;
e. sets a time and location for the subsequent disclosure meeting; and
f. arrange for the services of an interpreter, if required.

5.6.3 The main communicator informs the disclosee(s) of the time and location for the subsequent disclosure meeting(s).

5.6.4 *Key items to cover at subsequent disclosure meeting(s)*

At a subsequent disclosure meeting(s), the disclosure team must

a. acknowledge that the most responsible provider is not present, when applicable;
b. explain the new significant facts about the incident that have emerged or what has been learned from the investigative process;
c. explain the steps taken to reduce the risk of a similar incident reoccurring;
d. provide an overview of the action plan developed;
e. offer further apology for what happened;
f. explain that the disclosure team remains accessible for ongoing communication and provide appropriate contact information;
g. offer, based on needs identified, the supports to the client ;
h. leave ample time for the disclosee(s) to ask questions and the disclosure team to respond; and
i. offer to research any questions that the disclosure team cannot answer immediately and arrange a timely follow-up.

5.7 **Strategies for disclosure meeting**

Table 2: Best Practices for Disclosure Meetings
▪ Hold the conversation face to face unless there are extenuating circumstances; ▪ Adopt a transparent, ethical, and sincere approach; ▪ Use active listening skills, such as empathy; ▪ Use terminology and words likely to be understood by the disclosee(s); ▪ Confirm that the information is understood by the disclosee(s) and allow time for questions; ▪ Demonstrate sensitivity to the culture and language of the disclosee(s); ▪ Encourage disclosee(s) to speak from their own perspective and in their own words about their experience; ▪ Foster good spirits by being open, welcoming and inclusive; and ▪ Respect others as well as relationships and care for people

5.8 **Follow-up**

5.8.1 The disclosure team, involving other staff members as appropriate, must implement the action plan created under sections 5.6.2 and 5.6.3.e of this Policy in order to reduce the risk of a similar incident reoccurring.

5.8.2 The disclosure team, in collaboration with the continuous quality improvement division staff, monitor and evaluate the effectiveness of the action plan.

5.9 **Documentation**

5.9.1 The disclosure team shall document the following about the disclosure meeting(s) in a secure file at the Regional Office:

a. Time, place, and date of disclosure meeting(s);
b. Names and functions of all persons in attendance;
c. The material facts presented;
d. The actions taken to address the consequences of the incident to the client;
e. Treatment options and recommendations presented as well as those agreed upon;
f. Questions asked by the disclosee(s) and the responses; and
g. Expected follow-up, if any.

5.9.2 The disclosure team must document the following about every disclosure meeting in the client 's health record:

a. Time, place, and date of the meeting;
b. Names and functions of all persons in attendance; and
c. Treatment options agreed upon.

5.10 **Support**

5.10.1 The disclosure team may offer the client(s) a referral to mental health or social work services, as required.

5.10.2 The immediate supervisor will offer support to the disclosure team members by

a. providing each member with the contact information for the employee assistance program;
b. offering to arrange for mental health or social work services if needed; and
c. referring them to professional legal assistance services if required.

6. Continuous Quality Improvement

6.1 To evaluate the disclosure policy, designated Department of Health staff (for example, client relations manager or quality improvement lead) may randomly select participants of a disclosure meeting to seek their feedback on the disclosure process.

6.2 The Department will deliver training on this Policy at the time this Policy comes into force and on an ongoing basis.

7. Related Policies, Protocols and Legislation

Consolidation of Legal Treatment of Apologies Act (S.Nu. 2010, c.12)

Policy 05-002-00	Continuous Quality Improvement Program
Policy 05-003-00	Risk Management
Policy 05-004-00	Risk Management Incident Reporting
Policy 05-005-00	Critical Incident Stress Management
Policy 06-001-00	Confidentiality
Policy 06-003-01	Release of Information

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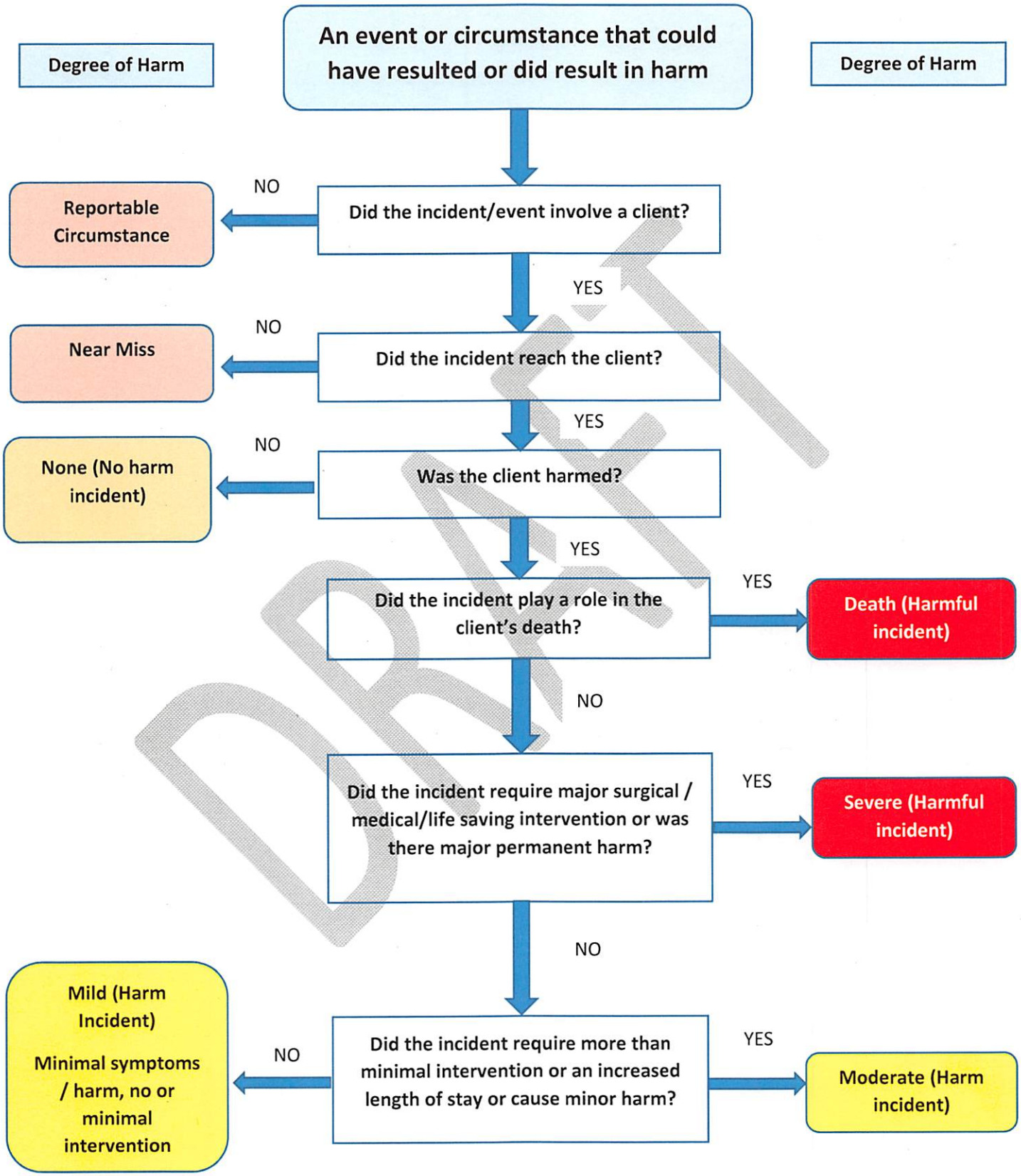
Appendix A: Understanding harm and no harm incidents



Appendix A: Understanding harm and no harm incidents

Severity's Scale Categorizing Degree of Harm

CATEGORY	DESCRIPTION	Degree of Harm	Type of incident
A	A situation that has potential for harm and does not involve a client.	Reportable circumstance	Reportable incident
B	An incident that has potential for harm is intercepted or corrected prior to reaching the client.	Near Miss	Near Miss
C	Outcome is not symptomatic or no symptoms are detected and no treatment is required.	None	No Harm
D	Outcome is symptomatic, symptoms are mild, harm is minimal and no or minimal intervention (for example extra observation, investigation, review or minor treatment) is required.	Mild	Harm Incident
E	Outcome is symptomatic, requiring intervention (for example, additional operative procedure, additional therapeutic treatment) or an increased length of stay, or causing minor harm.	Moderate	
F	Outcome is symptomatic, requiring life – saving intervention or major surgical / medical intervention, or shortening life expectancy or causing major permanent, long – term harm or loss of function.	Severe	Harmful incident
G	Incident contributed or resulted in the dealth of the client.	Death	

Appendix B: Disclosure Flowchart – When to disclose?