

Supporting Ongoing Disclosure Conversations in Alberta Health Services (AHS)

Expectations for ongoing disclosure conversations

AHS Disclosure of Harm Procedure indicates that disclosure should be done within 24 hours after a clinical adverse event (CAE). Disclosure of harm conversations are to be conducted with patients if there has been any actual harm, if there is any risk of future harm, or if there is any change in patient care/ monitoring. Disclosure is the right thing to do, and AHS staff have permission to have these conversations.

Contributing to ongoing quality improvement - The AHS Patient Safety Policy Suite

If the event is sufficient to require ongoing management, this will be coordinated by a single accountable leader who will continue to ensure a fair and consistent response using a systems (rather than individualistic) approach. If unable to determine an accountable leader, responsibility for determination shall be made by the Senior Operating Officer, Senior Program Officer or Senior Medical officer or designate. Leaders may consult with provincial or zone Patient Safety departments for assistance. If a CAE affects multiple patient care areas or programs, the accountable leader will be determined collaboratively by the leadership teams of the affected areas.

Ongoing management of a CAE includes

- handover of the CAE to an accountable leader
- ensuring that applicable steps from the immediate management are complete
- completing internal and external notifications as required (e.g., the Urgent Notification to an Emerging Issue form, and other notifications (such as to legislative or regulator bodies)
- determining if further investigation and disclosure conversations are required
- conducting reviews and sharing lessons learned
- provide ongoing support and communication with the patient related to the management of the CAE and the Disclosure of Harm procedure until resolution (including providing information about follow-up processes that may occur and associated timeline)
- assigning a single point of contact for patients and families

Required reporting/notifications during ongoing management of CAE

In addition to reporting completed in the Immediate Management of the CAE, the accountable leader should provide notification of the CAE and its management (as appropriate) to

- AHS executive using the *AHS Urgent Notification to an Emerging Issue Report* (or providing an update if this report has already been done)
- Most Responsible Healthcare Provider (MRHP) of the patient
- Clinical leader/manager of the area where the CAE occurred
- appropriate Patient Safety representative(s)
- appropriate regulatory bodies

Support for accountable leaders in AHS

Depending on the nature of the event, accountable leaders can consult any or all of the following for support or guidance

- Manager/Administration on Call
- Patient Safety Representative
- Health Law and/or Legal & Privacy
- Physician and Family support (PFSP)
- Medical Affairs and/or Human Resources
- Disclosure of Harm consultants
- MRHP
- Patient Relations
- Employee and Family Assistance Program (EFAP)
- Workplace Health and Safety
- Media Relations and Proactive Issues Management
- Other Provincial AHS Clinical Departments

Documentation of disclosure conversations

Accountable leaders are to document facts of disclosure conversations that have occurred during the ongoing management of the CAE. Documentation requirements include, but not limited to

- providing additional facts that may not have been available or known at earlier disclosure meetings
- further exploring and understanding patient needs and questions with offers of support as warranted
- providing explanations, results of reviews and any applicable next steps

Newly discovered clinical facts as to what happened, whether learned in a legally protected Quality Assurance Review or not, must be disclosed to the patient. AHS will not share speculations about care, whether learned in a legally protected Quality Assurance Review or not. For more information, see [Learning from Clinical Adverse Events & Just Culture.](#)

How does AHS improve the quality of care?

Healthcare providers have a responsibility to support improvement initiatives and mitigate risk to improve patient safety. AHS leaders have a responsibility to share lessons learned from CAE(s) with healthcare providers. Some of the ways to do this in AHS include but are not limited to, completing and distributing:

Patient Safety Learning Summary (PSLS)
Safer Practice Notice (SPN)

Patient Safety Alert (PSA)
Patient Safety Memo (PSM)

Patient safety representatives can assist leaders when developing any/all of these documents.

Adapted from AHS Recognizing and Responding and Learning from Hazards, Close Calls and Clinical Adverse Events Policy (#PS-95), AHS Immediate and Ongoing Management of Clinical Adverse Events Procedure (#PS-95-02), & AHS Disclosure of Harm Procedure (#PS-95-01)

Healing the healers - support for leaders

In addition to the supports offered to all AHS employees, the AHS Employee and Family Assistance Program (EFAP) offers a Key Person Advice Line for AHS leaders. Leaders can contact a Homewood Health senior-level clinician at any time for immediate, just-in-time consultation should a situation arise in the workplace that could benefit from professional input. (Retrieved from Key Person Advice Line (for managers)).

In addition, Crisis Management Services (CMS) are available to support AHS teams following the occurrence of a CAE, unsettling workplace events, cumulative stress, and compassion fatigue, available 24/7/365. The service is offered on-site or virtually (phone or video) within 1-3 days following the request. Teams experience a safe environment to speak about their experience, the opportunity to acknowledge, validate, and normalize physical and emotional reactions, and obtain helpful information about coping with stress reactions. (Retrieved from Crisis Management Services).

24-hour contact numbers for confidential help

- AHS employees and leaders: Homewood Health EFAP program (including Key Person Advice Line and Crisis Management Services) - 1-877-273-3134.
- Physicians and Trainees have access to the AMA Physician and Family Support Program at 1-877-SOS-4MDS.
- Midwives can access to the Alberta Association of Midwives by calling 1-888-316-5457 (extension 110) or emailing membership@alberta-midwives.ca.

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