

The *Disclosure Done Well Video Series* was developed to support physicians, clinical managers and frontline staff in early disclosure conversations. By providing disclosure reflections and modelling early disclosure conversations our goal is to guide the viewer in preparing for a disclosure conversation.

- *Video 1 (8 min): [Reflections on Disclosure](#)*. Senior leaders and a patient advisor discuss disclosure.
- *Video 2 (6 min): [Early Disclosure: When Care is Not Reasonable](#)*. It is immediately clear that an error occurred which resulted in a change in monitoring and a delayed discharge for the patient.
- *Video 3 (5 min): [Early Disclosure: When Care is Reasonable](#)*. The care provided was reasonable however the patient experienced harm due to known risk.
- *Video 4 (7 min): [Early Disclosure: Unsure if Care is Reasonable](#)*. We will not know whether the care we provided contributed to the patient outcome without further investigation.

## What is Disclosure of Harm?

Disclosure means the formal process involving an open discussion between a patient and staff of Alberta Health Services about the events leading to a serious clinical adverse event, hazard or harm.” Harm means “an unexpected outcome for the patient, resulting from the care and/or services provided, that negatively affects the patient’s health and/or quality of life.” (AHS, Disclosure of Harm Procedure, 2017).

AHS is committed to disclosure when, as a result of an event:

- ❖ A patient has suffered any degree of harm;
- ❖ There is any potential for future harm; or
- ❖ There will be any change in care or monitoring as a result of a Clinical Adverse Event.

Early disclosure helps the involved patient/family and health professionals come to resolution about the event and facilitates trust in these relationships.

### (i) **Components of an Initial Disclosure Conversation**

- (ii) An apology for what has occurred;
  - (iii) Exploration and understanding of the patient’s questions and needs, with offers of support as warranted;
  - (iv) If known, an explanation of what has happened, without any speculation;
  - (v) Helping the patient understand the process for further investigation and further disclosure if it shall occur;
  - (vi) As appropriate, an explanation of any changes that may occur in the patient’s care or monitoring because of the Clinical Adverse Event; and
- Establishing a key contact in AHS for the patient to help them through the remainder of the disclosure process.

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## Video 1 - Reflections on Disclosure Video Guide

### Overview:

This video introduces four senior leaders and a patient advisor providing an overview on disclosure.

### Highlights:

Dr. Francois Belanger, Vice President, Quality and Chief Medical Officer, AHS

- Organization's commitment to disclose
- Importance of saying sorry
- Looking at the event from the perspective of the family

Dr. Bruce Macleod; Medical Adviser to Clinical Quality & Patient Safety, AHS

- [AHS Disclosure of Harm Procedure](#)
- Disclosure components
- Types of apologies
- Impact to patient of our response after harm has occurred

Lori Anderson; Senior Operating Officer, South Health Campus

- Power of an apology
- Learning from mistakes and improving together
- Extend some kindness to yourself

Sue LeBreton; Citizen Advisory Team Member, South Health Campus

- Importance to disclose as soon as possible
- It may not be one conversation; it is a process
- Commitment to investigate and share the findings
- It is ok to be afraid but trust that at the end everybody will feel better

Dr. Colin Del Castilho; Medical Director, South Health Campus

- Acknowledgment and apology is critical to maintaining trust
- For patient/families even small incidents are important to disclose
- Do the right thing; if you were the patient or family member you would want to know

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Video 1 - Reflection questions:

- What circumstances prompt us to disclose? AHS' procedure on disclosure states that disclosure occurs when a patient has been harmed, there is potential for harm in the future or there will be a change in patient care or monitoring as a result of a Clinical Adverse Event (CAE). In what ways might this change your practice?
- What disclosure components should be included in our disclosure conversation?
- When should we disclose? Should we wait till we have all the facts?
- Dr. MacLeod discussed "that disclosure doesn't have to be a frightening process". When you hear the words 'disclosure conversation' do you feel apprehensive?
- Sue LeBreton spoke about a healing aspect for the providers. Did this surprise you? In what ways?
- Dr. Del Castilho discussed disclosing the smaller errors when the care plan has changed. Do we typically acknowledge and apologize for small errors?
- Did you notice that when Lori Anderson discussed lending yourself some kindness that this aligned with AHS Just Culture principles?

**Video 2 - Care is Not Reasonable Video Guide:**

Overview:

A scenario when a nurse administered a medication which was not signed off in the patient's electronic chart. A second nurse administered another dose. As this will involve a change in monitoring, a disclosure conversation is required.

Highlights

- Acknowledging the incident;
- Apologizing with accountability;
- Listening to the patient and hearing his concerns;
- Offering an explanation of the incident;
- Providing empathy;
- Discussing changes in patient care; and
- Taking responsibility to prevent future incidents.

## Video 2 - Reflection Questions

- Did you notice that the physician was consulted but was not present for the apology? Do you think that the apology meant more to the patient coming from the nurse in this situation?
- Did you notice the nurse apologize with accountability? How did this apology resonate with you?
- Did you see the nurse discuss the elements of disclosure including acknowledgment, apology and disclosure of the results of investigation?
- In this situation, the nurse had her Charge Nurse with her for support? How did the charge nurse help facilitate the conversation?
  - Would you ask for help/support?
- Near the end of the video, the Nurse Clinician asked the patient if he had any other questions. Did you find it surprising that the patient's main concern was discharge time? Do you see the value of checking in with the patient by asking if they have any concerns?
- Do you think including the patient more in the care provided could have prevented this event from occurring?

## **Video 3 - Care is Reasonable Video Guide:**

### Overview

An early disclosure conversation is shown where the care provided was reasonable however the patient experienced harm due to a known risk. The Physician provided an apology for the patient's situation.

### Highlights

- Acknowledging that patient has suffered harm;
- Apology for the patient's current situation;
- Listening to the patient and hearing her concerns;
- Offering an explanation of the harm;
- Providing empathy;
- Discussing changes in patient care; and
- Offering the opportunity for the family member to be present.

### Video 3 - Reflection Questions

- Did you notice that the physician acknowledged that the patient suffered harm and apologized for the patient's current situation? If so, what were your thoughts/impressions?
- Why do you think that that the physician deliberately included the RN in the disclosure conversation? Facilitator prompts: 1) the RN will be aware of the circumstances of the harm and 2) the RN will be an additional support for the patient/family. Describe your experience in deliberately including other members of the health care team in the disclosure conversation?

### **Video 4 - Unknown if Care is Reasonable Video Guide:**

#### Overview

In this scenario, the Health Care Provider does not know whether the care we provided contributed to the patient outcome, therefore, further investigation is required. Note: the patient in this scenario is a child. The provider acknowledged and apologized for the harm; provided a commitment to investigate and disclose the findings of the investigation with the patient/family.

#### Highlights

- Acknowledging the harm;
- Apology to the child and parent for the patient's current situation;
- Listening to the parent and hearing her concerns;
- Providing a commitment to investigate;
- Avoiding speculation;
- Commitment to disclose the findings of the investigation with the patient/family
- Providing empathy;
- Discussing changes in patient care; and next treatment steps.

### Video 4 - Reflection Questions

- Did you notice that in this scenario, the physician provided an apology of sympathy; apologizing for the patient's circumstances.
  - When would the apology change to an apology of accountability?
- Did you see the elements of disclosure acknowledgment and apology, commitment to investigate and an offer to disclosure of the results of investigation?

- Did you notice the apology to the child and parent?
- How do you see this disclosure conversation rebuilding the trust between the provider and the patient?
- In what ways did the physician deliberately include the RN in the disclosure conversation? Facilitator Prompts: 1) the RN will be aware of the circumstances of the harm and 2) the RN will be an additional support for the patient/family. Describe your experience in including other members of the health care team in the disclosure conversation.

### **Support for Disclosure**

When preparing for difficult conversations, seek support from clinical leaders, medical leaders, a clinical ethicist, and site administrators. Additionally, certified faculty of the “*Disclosure: Communicating Unanticipated Outcomes in Healthcare*” workshop who are experienced in disclosure conversations and the process of disclosure are available to help. Alberta Health Services has developed disclosure resources on the following topics.

- [Preparing for disclosure meetings](#)
- [Communicating with the patient/family](#)
- [Supporting patients and families involved in adverse events](#)
- [Supporting physicians and staff involved in adverse events](#)
- [Coaching and mentoring](#)
- [Approaching challenges](#)

### **Documenting Disclosure**

“Disclosure conversations shall be documented in the health record by the person who leads the discussion. Documentation includes the following:

- (i) date, time and location of meeting;
- (ii) who was present;
- (iii) consents obtained;
- (iv) facts presented and by whom;
- (v) offers of support to patient;
- (vi) questions raised by patient and responses provided and by whom;
- (vii) care and treatment discussed and provided;
- (viii) requests to review the patient’s health record;
- (ix) follow-up plan presented;
- (x) the designated patient spokesperson.” (Insite - Disclosure of Harm Procedure)

### **Documenting Disclosure in the Reporting and Learning System for Patient Safety (RLS)**

“The Reporting and Learning System supports a just culture that includes reporting and learning as a key elements”. Consistent reporting of incidents and close calls help us learn and improve patient safety throughout the health care system and “support Alberta Health Services in their commitment to provide better and safer care”. (Insite, AHS 2017)

Part of the RLS report is the prompt to the reporter to *disclose and document the conversation* in the patient medical health record.



Was this event disclosed to the patient?  
Disclosure is **required** for harm events and **must** be documented in the patient chart. ?

Please refer to the Disclosure of Harm Procedure.

Yes  
No  
Unknown  
Not applicable

### **References:**

Alberta Health Services, Insite - [AHS Disclosure of Harm Procedure](#)

Alberta Health Services, Insite - [Required Organizational Practices 2018 Handbook](#)

Alberta Health Services, Insite - [Reporting & Learning System for Patient Safety \(RLS\)](#)

Alberta Health Services - [Disclosure of Harm Resources](#)

Alberta Health Services - [Disclosure Support Contacts](#)