



### 13.1.1 Disclosure to Patients of Unanticipated Outcomes

Chapter 13 - Clinical	Original Effective Date: September 2007
Section: 13.1 Clinical Policies	Date Last Reviewed:
Responsible Entity: Vice President for Medical Affairs	Date Last Revised:

#### I. Purpose

UT Health San Antonio (UTHSA) providers will communicate with patients regarding unanticipated outcomes that result in further treatment, result in harm, or are clearly significant to the patient’s well-being.

#### II. Scope

This policy applies to all faculty, staff, students, residents, healthcare providers, researchers, contractors, or any other individual (collectively, Workforce Member, including employees and non-employees).

#### III. Policy

UTHSA requires all physicians, dentists, physician assistants, nurse practitioners, psychologists, nurses and other health care providers involved with patient care to maintain an open and honest communication with their patients, family members or designated representatives concerning unanticipated outcomes of patient care.

##### A. Who Makes Disclosures

Responsibility for disclosing an unanticipated outcome typically rests with the clinician who has primary responsibility for the patient’s care. In some situations, disclosure from other health care professionals may be deemed more appropriate. At least one other staff person (clinical or administrative) should be present at the times of initial disclosure or at subsequent planned discussions. Where appropriate, other health care providers and employees who may facilitate communication, such as nurses, patient advocates, social workers, or chaplains, may also be involved in conversations and follow up with the patient and/or patient representative.

##### B. Procedures

###### 1. When is Disclosure Made

### 13.1.1 Disclosure to Patients of Unanticipated Outcomes

Disclosure should be made as soon as reasonably possible. Consideration should be given to the patient's ability to participate.

#### 2. To Whom is Disclosure Made

Disclosure is made to the patient and/or the patient's representative.

#### 3. How is Disclosure Made

The health care professional communicates to the patient what the unanticipated outcome was, what is being done to correct it, and the potential consequences of the outcome. Therapeutic communication techniques should be used throughout the discussion. The health care professional will give the patient a name and contact information for a person whom the patient may contact in the future. The patient's privacy will be protected throughout the discussion.

#### 4. Who is Informed of Potential Disclosure

Any health care professional who believes that an unanticipated outcome that requires disclosure has occurred should report the event to the appropriate School's Quality and Safety Committee, and to the health care professional with primary responsibility for the care of the patient. If the potential disclosure event is an inpatient event in a non-University of Texas System institution, appropriate affiliated hospital personnel are informed.

#### 5. How is Disclosure Documented

Factual documentation in the patient record is the same as for other medical care and includes the communication of the unanticipated outcome without mention of incident reports.

The health care professional making the disclosure also should complete an incident report regarding the disclosure process including who made the disclosure; time, place, and date of discussion; names and relationships of those present at the discussion; and the discussion itself.

## IV. Definitions

Disclosure – The initiation of a discussion with a patient regarding an unanticipated outcome.

Unanticipated Outcome – Any event that caused unanticipated harm to the patient, including that which resulted from a medical error, while the patient was receiving care from a UTHSA provider.

Patient Representative – A person of the patient's choice who may be included in the disclosure discussion. A person other than the patient who is making medical decisions for the patient is also a patient representative.

**V. Related References**

*There are no related documents associated with this Policy.*

**VI. Review and Approval History**

- A. The approving authority of this policy is the University Executive Committee.
- B. The review frequency cycle is set for three years following the last review date, a timeperiod that is not mandated by regulatory, accreditation, or other authority.

<b>Effective Date</b>	<b>Action Taken</b>	<b>Approved By</b>	<b>Date Approved</b>
<b>09/2007</b>	Policy Origination		