



WAHNAPITAE FIRST NATION NORMAN RECOLLET HEALTH CENTRE DISCLOSURE OF ADVERSE EVENTS AND NEAR MISSES POLICY

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NORMAN RECOLLET HEALTH CENTRE DISCLOSURE OF ADVERSE EVENTS AND NEAR MISSES POLICY

Policies and Procedures Manual

Policy Statement:

The Norman Recollet Health Centre (NRHC) will ensure that clients and their family are properly informed about their health care. This includes an obligation on the part of all employees of the NRHC to inform clients about significant adverse events and unanticipated negative outcomes of care that may affect their well-being.

Definitions:

Adverse event: An event which results in unintended harm to the client and is related to the care and/or services provided to the client. It has nothing to do with the client's underlying medical condition.

Near Miss: The event did not reach the client because of timely intervention or good fortune.

Disclosure: The process by which an adverse event is communicated to the client by healthcare providers.

Event: A significant occurrence or happening.

Harm: An outcome that negatively affects the client's health and/or quality of life.

Procedures:

1. Client Support

When a client experiences harm, he/she will be emotionally and practically be supported. The NRHC staff will provide a supportive environment to clients who have been impacted by an adverse event by:

- Providing timely access to further health care (ex: calling an ambulance to transfer the client to the nearest hospital)
- Designating Community Health nurse, Home & Community Care nurse, Nurse practitioner, or Mental Health Worker to provide practical and emotional support. The designated staff should be knowledgeable and preferably be one with whom the client is comfortable.
- Facilitating emotional support, as determined by the client, from family, friends, spiritual representatives or/and any significant other.
- Assisting clients to access professional support when needed such as social workers or counsellors, and community services such as homecare assistance or support groups.

2. Healthcare Provider Support and Education

The Health Director encourages reporting of adverse events and will support staff in this initiative. Client safety is the primary concern of the organization, not disciplining the individuals involved in events. The NRHC team will focus on correcting the factors that allow events to occur and work with staff affected to prevent the recurrence of such events.

Staff involved in an event will immediately contact the Health Director or delegate. The role of the Health Director is to facilitate the staff's discussion about the event and to help plan the conversation with the client or substitute decision-maker. If needed, a debriefing meeting will be organized with the involved staff, the Health Director and a qualified counsellor and or an elder as soon as possible after the event.

NRHC staff will receive education and training in how to effectively participate in a disclosure discussion on an on-going basis to maintain skills. The Health Director or delegate will be responsible to find the resources.

3. Disclosure Process

a) Threshold for Disclosure

All incidents causing harm to a client will be communicated to the client or substitute decision maker as soon as reasonably possible. Harm is found to result from or be from a combination of natural progression of client's underlying medical condition, inherent risks of investigations or treatments, system failures and provider performance.

When a near miss occurs, it will be communicated to the client if it is an ongoing safety risk (ex.: a client came close to receive a medication that was intended for another client with the same name. Although the medication is not given, it will be discussed with the client to ensure the client is aware of any ongoing safety risk related to the potential name mix-up and may also watch for this risk in the future).

b) Preparing to Disclose

Initial disclosure will occur after the client's needs have been met. The individuals who will participate in the disclosure will be identified and they will plan how they will proceed. Appendix A (Checklist for Disclosure Process) will be used as a guide to prepare for disclosure.

c) Who Should Disclose?

- If the event is associated with a Nurse Practitioner (NP) providing services at the NRHC, the NP will initiate the disclosure.
- If the event is associated with any employee of the NRHC, the Health Director or delegate will do the initial disclosure. The Health Director or delegate and involved staff will determine together, prior to the disclosure, if the employee should participate in the first disclosure meeting. At some point in

time during the disclosure process, the employee should meet the client and express regret. The employee cannot be forced by supervisor to meet client until employee is comfortable enough to do so.

d) When Should Disclosure Take Place?

Disclosure of the event should take place as soon as practically possible after it has occurred or has been identified. Disclosure to the client should occur when the client's condition is stable and/or the client is able to comprehend the information. Disclosure to the client's substitute decision maker may occur prior to this and will depend on the severity of the event.

e) Where Should Disclosure Take Place?

Disclosure will take place in a private office at the NRHC. The participants will inform receptionist that they cannot be interrupted for any reason during this meeting. The meeting will be behind closed doors.

If the client is not capable to come to the NRHC building, the meeting should take place in a location that is safe and private for both staff and client.

f) What Should Be Disclosed and How?

- The facts of the adverse event and its outcome known at the time are described to the client and/or family/substitute decision maker.
- The steps that were and will be taken in the care of the client are also described to the client and/or family/substitute decision maker.
- Speculation and blame will be avoided.
- Regrets by the staff will be expressed to the client and/or family/substitute decision maker.
- Time for questions will be provided. Clarify whether the information is understood. If needed, an interpreter should be available for clients who do not speak and understand English. The interpreter must be carefully chosen. He/she must have no personal interest in the client matters or the NRHC.
- Offer to arrange subsequent meetings.
- Offer practical and emotional support.

g) Documentation

The disclosure discussion will be documented in the client's file by the staff who participated in the disclosure meeting. If there is more than one staff who participated in the discussion, it will be determined prior to the meeting who will document the disclosure discussion. The documentation will include:

- The time, place, and date of disclosure.
- The names and relationships of all attendees.

- The facts presented.
- Offers of assistance and the response.
- Questions raised and the answers given.
- Plans for follow-up with key contact information for the organization.

Adapted from The Canadian Disclosure Guidelines, Canadian Patient Safety Institute.



APPENDIX A

CHECKLIST FOR DISCLOSURE PROCESS

- The immediate client care needs are met.
- Ensure client, staff and other clients are protected from immediate harm.

DISCLOSURE PROCESS PLAN

- Gather existing facts.
- Establish who will be present and who will lead the discussion.
- Set when the initial discussion will occur.
- Formulate what will be said and how effective disclosure will be accomplished.
- Locate a private area to hold disclosure meeting, free of interruptions.
- Be aware of your emotions and seek support if necessary.
- Anticipate client's emotions and ensure support is available including who the client chooses to be part of the discussion such as family, friends or spiritual representatives.

INITIAL DISCLOSURE

- Introduce the participants to the client, functions and reasons for attending the meeting.
- Use language and terminology that is appropriate for the client.
- Describe the facts of the adverse event and its outcome known at the time.
- Describe the steps that were and will be taken in the care of the client (changes to the care plan as applicable).
- Avoid speculation or blame.
- Express regret.
- Inform the client of the process for analysis of the event and what the client can expect to learn from the analysis, with appropriate timelines.
- Provide time for questions and clarify whether the information is understood.
- Be sensitive to cultural and language needs.
- Offer to arrange subsequent meetings along with sharing key contact information.
- Offer practical and emotional support such as spiritual care services, counselling and social work, as needed.
- Facilitate further investigation and treatment if required.

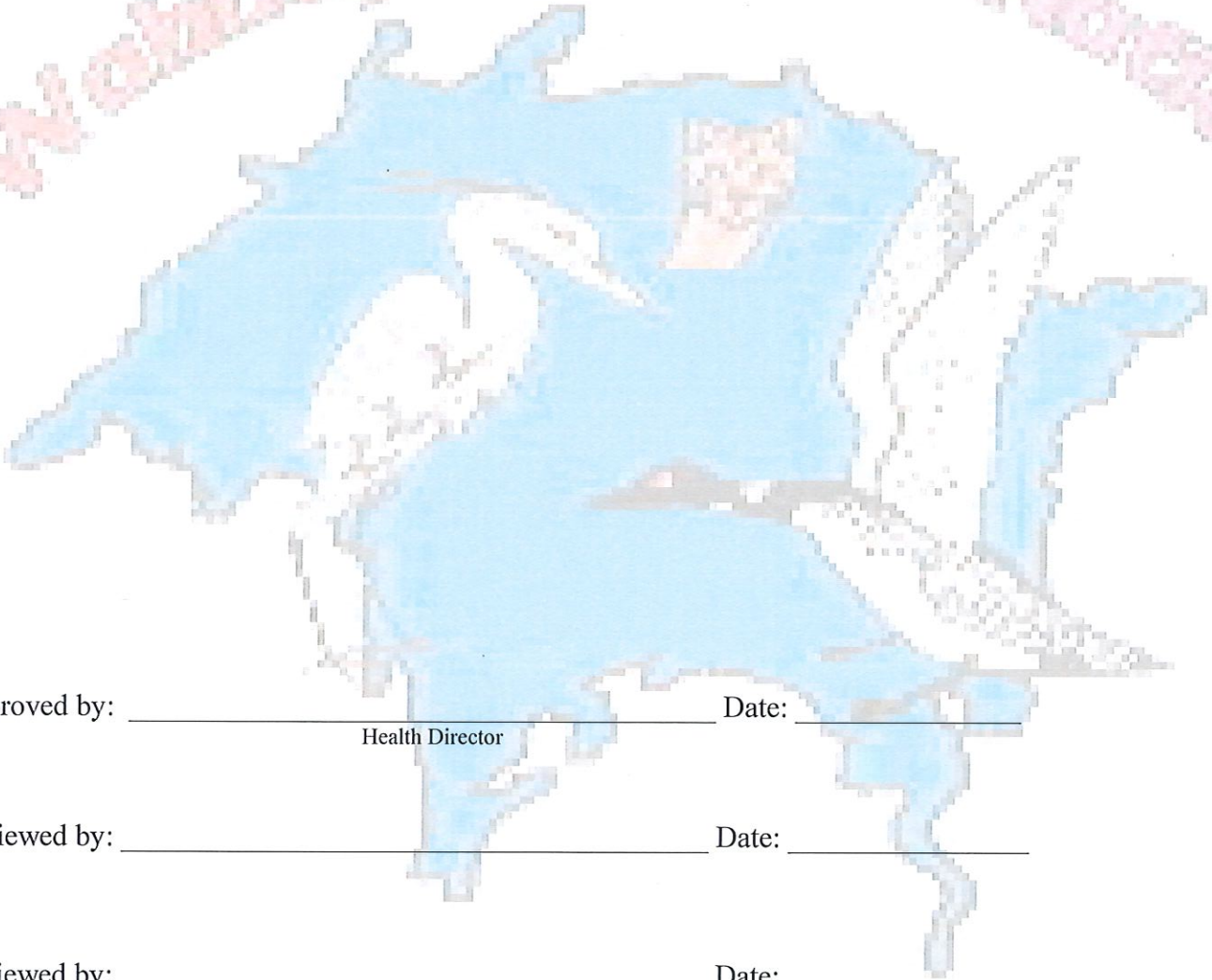
SUBSEQUENT AND POST-ANALYSIS DISCLOSURE

- Continued practical and emotional support as required.
- Reinforcement or correction of information provided in previous meetings.
- Further factual information as it becomes available.
- A further expression of regret that may include an apology with acknowledgement of responsibility for what has happened as appropriate.
- Describe any actions that are taken as a result of internal analyses such as system improvements.

DOCUMENT THE DISCLOSURE DISCUSSION

- The time, place and date of disclosure.
- The names and relationships of all attendees.
- The facts presented.
- Offers of assistance and the response.
- Questions raised and the answers given.
- Plans for follow-up with key contact information for the organization.

Wakanda First Nations



Approved by: _____ Date: _____
Health Director

Reviewed by: _____ Date: _____

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Chief LR