



## Windsor Elms Village

# ADMINISTRATIVE MANUAL

## *Policy & Procedure*

<b>Title:</b>	Disclosure of Adverse Events	<b>Number:</b>	AD 60-06
<b>Section:</b>	Quality & Risk Management	<b>Date Created:</b>	April 17, 2009
<b>Sponsor:</b>	Chief Executive Officer	<b>Date Approved:</b>	Oct 13/09; Dec 2017
<b>Author(s):</b>	Leadership Team		Dec 2020
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<b>Distribution:</b>	All Staff & Volunteers	<b>Approval:</b>	Leadership Team

### STANDARD

#### **DHW Long Term Care Facility Program Requirements, FINAL February 2019**

8.2 Systems and processes are in place to minimize risk to residents, staff, volunteers, visitors and the home.

#### **Windsor Elms Village Guiding Principle:**

**TRUST AND ACCOUNTABILITY** in and to each other. We share what we are doing and why. We take responsibility for our actions, decisions and impacts. We tell the truth.

#### **Eden Domain of Well-Being**

**SECURITY:** freedom from doubt, anxiety, or fear; safe, certain, assured; having privacy, dignity and respect.

The Windsor Elms Village supports a process for reporting an adverse event which further promotes a home of well-being by maintaining an open and honest approach to disclosure. Having a best practice of disclosure enhances a sense of security in our care partners.

This policy follows the guidance of the Department of Health & Wellness Disclosure of Adverse Events Policy on identifying what an adverse event is.

### POLICY

The Windsor Elms Village will inform residents, their families, their guardian or authorized representative, at the earliest possible moment regarding details of an adverse event involving a Resident. The CEO, or Delegate, will also report any adverse event or critical incident to the Nova Scotia Department of Health – Continuing Care Branch as outlined in their Critical Incident Reporting Policy, July 29, 2011.

This policy is based on the Resident's right to be informed as well as the desire of Windsor Elms Village management and staff to learn from these events.

The following procedure is designed to guide and assist staff of Windsor Elms Village, physicians and other health care professionals in the duty to disclose incidents with compassion and respect, while remaining considerate of other members of the care partner team.

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## PROCEDURE

### 1. **IDENTIFICATION: Determine whether an incident versus an adverse event has occurred.**

- 1) The staff/volunteer will complete an Incident Report Form, as is normal practice, when an incident occurs, and take it immediately to their Dept Head, RN or LPN to receive signature. (refer to Incident Reporting Policy AD 60-01)
- 2) If it is suspected the incident is an Adverse Event, the Charge Nurse, in consultation with the Department Head, or Leadership Team member On-Call, will review the Incident Report and determine if the incident is, in fact, an adverse event. If it is determined to be an Adverse Event, the CEO will be notified as soon as possible.

### 2. **SUPPORT: The NH Manager/Dept Head, RN or LPN will provide emotional and practical support to the Resident and Staff Member(s) as follows:**

- 1) Ensure the Resident receives appropriate support, and care, as deemed necessary, which may include but is not limited to: timely access to further healthcare; emotional support; and/or assistance in gaining access to professional supports (E.g. Social Workers, Counsellors, Community Services, Homecare, Support Groups).
- 2) Ensure the staff/volunteer is coached in dealing with the situation appropriately which may include him/her offering disclosure and apology to the Resident. It may be determined that the staff/volunteer also requires emotional support or a visit with the Chaplain, their Physician, Services of EAP, Counselling, or other assistance as deemed necessary.

### 3. **PREPARING TO DISCLOSE**

Once the Resident's immediate needs have been attended to, it will need to be determined who will be involved in the initial disclosure and a plan will be prepared. The following criteria will be followed:

#### 3.1 **Persons to be involved in Disclosure**

Appropriate person(s) to be involved in communicating with the Residents, and/or family will have:

- A clear understanding and knowledge about what has occurred. This may include the Department Head, RN or LPN who is responsible for care, or a combination, thereof.
- An existing relationship with the Resident and his/her family; (ideally this person would have a good relationship with the Resident and one whom the Resident would most prefer to communicate with); and
- The ability to explain the future care plan

#### 3.2 **Appropriate Time**

The initial disclosure will occur as soon as is reasonably possible after discovery of the adverse event, and which is deemed most appropriate for the Resident and their families.

The second stage of disclosure will occur following the investigation and analysis of the event, which may bring to light additional facts, and the reasons for the event may become better understood. Before the second stage of disclosure occurs with the Resident and/or **Substitute Decision Maker**(s)/Power of Attorney further discussion must occur with Leadership/Management.

(see Guidelines for the Disclosure Process in Document: Disclosure of Adverse Events in Continuing Care, dated November 1, 2008)

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### 3.3 Location

Disclosure will occur, using the most appropriate method of communication, with the Resident and/or [Substitute Decision Maker](#)(s), or Power of Attorney, which may involve a phone call to family/Power of Attorney, while other more severe events will require face-to-face communications. The location will be private, comfortable, and free from interruptions.

3.4 Only the facts that are immediately known will be communicated during the initial disclosure. (For details on how to communicate see [Section 1: The Disclosure Process](#) found in the [Guidelines for the Disclosure Process in Document: Disclosure of Adverse Events in Continuing Care, dated November 1, 2008](#))

4. **DOCUMENTATION:** All meetings for disclosure need to be well-documented and attached to the client chart. All information is to be kept confidential. See Appendix B for Checklist and Form to be used for the Initial Disclosure Meeting.

**GUIDING PRINCIPLES** Windsor Elms Village's supports the following:

- Open, honest communication is the right thing to do and respects the resident's trust and confidence in the organization.
- Care Partners have a responsibility to be accountable for their actions and the care given to our residents.
- Windsor Elms Village believes in consistency of approach to investigating adverse events.
- Disclosure of adverse events is motivation for improvement in healthcare safety helping to ensure mistakes do not occur repeatedly.
- Windsor Elms Village believes that disclosure is not an admission of incompetence. Mistakes are made by competent people, and it is a goal of the disclosure process to learn from mistakes and promote Accountability and responsibility.
- Adverse events will be investigated in a just, confidential and timely manner.

### REFERENCES

Toolkit: Disclosure of Adverse Events in Continuing Care, Steering Committee for the Policy on Disclosure on Adverse Events to Clients in Continuing Care, November 1, 2008

Contains: Guidelines and Case Samples that will assist with Education  
(See [General Share re: Quality and Risk Management Policies](#))

WEV Incident Reporting Policy AD 60-01

WEV Critical Incident Reporting Policy AD 60-23

Critical Incident Reporting Policy, July 29, 2011 (NS Dept of Health – Continuing Care Branch)

### APPENDICES

Appendix A: Definitions

Appendix B: 'Initial' Disclosure of Adverse Events Form & Checklist

## DEFINITIONS

1. **Adverse Event:** An unexpected and undesired incident directly associated with the care or services provided to the client or the environment in which the care is provided, resulting in harm and/or death.
2. **Authorized decision maker / Power of Attorney:**  
Anyone who has legal authority to make decisions on behalf of an individual ie. A resident's Power of Attorney.
3. **Resident:** An individual who receives nursing care from the Windsor Elms Village and includes the resident's family members and those who are the authorized decision maker for the resident.
4. **Disclosure:** The imparting, by health care-workers of resident's information relating to and an adverse event.
5. **Harm:** An outcome that negatively affects the client's health and/or quality of life.
6. **Incident:** Events that are unusual, unexpected, or may have an element of risk, or that may have a negative effect on clients, groups, staff, or the organization. {adapted from CCHSA}.
7. **Just Culture:** A just culture is a key element of a broader [client] safety culture that seeks to reconcile professional accountability and the need to create a safe environment in which to report adverse events. Organizations should take steps to clearly define what actions may warrant disciplinary or enforcement measures and isolate these assessments and processes from system improvement activities. Healthcare providers in a just culture are held professionally accountable for the quality of their work in a fair way. Blaming an individual for an adverse event is discouraged except for those rare situations in which system factors play a limited role and individual's behaviour or judgement is shown to be unprofessional. All other occurrences are viewed in the context of identifying system contributors in order to improve safety. The adverse event is analyzed for such system contributors, and the lessons learned are used to strengthen the system and, if appropriate, to support and educate the healthcare providers to help prevent similar events {Canadian Patient Safety Institute, Canadian Disclosure Guidelines, 2008, p.12}.
8. **Critical Incident:** An adverse incident that leads to death or major and enduring loss of function. The impairment lasts for a minimum of two weeks and is not related to an underlying condition. The loss of function may be sensory, physical or psychological.
9. **Near Miss:** An event that "almost happened" and no harm came.

**‘Initial’ Disclosure of Adverse Event - Meeting**

**Date of Initial Disclosure:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_ (ie: name meeting room; or indicate if meeting is in the form of a phone call)

**Resident affected:** \_\_\_\_\_

**List all persons present at meeting or during conversation:**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Facts Presented to Resident/Family:**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**Offers of assistance & responses:**

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**Questions raised & answers given:**

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**Plans for Follow Up:**

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\_\_\_\_\_

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Appointed Contact Person for Resident / Family: \_\_\_\_\_

**APPENDIX B - SIDE B**

**Initial Disclosure of an Adverse Event – Checklist**

- Provide Facts – the nature of the event, the level of severity and outcomes if known
- Explain Care Plan
- Outline what Resident’s Family can expect
  - further investigation will be conducted
  - what will/can be done to ensure incident does not occur again
- Provide emotional & practical support to the Resident & Family
- Arrange for further follow up
  - Schedule a follow up meeting if necessary
  - Identify a contact for the Family member to speak to if any further questions regarding the Incident.
- Allow time for Q & A
- Documentation – attach notes from Initial Disclosure Meeting to the Client Chart  
(Use other side to record general details from meeting + attach any other papers pertaining to initial meeting to this paper) Note: All documentation and information is to be kept Confidential