

### Team Approach to Disclosure



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### DISCLOSURES/COI

- Venetia Bourrier
- I have no conflicts to disclose
  - Am a pharmacist who works in Quality, Patient Safety & Risk at CancerCare Manitoba (CCMB)
  - Have never received any speaker/consulting fees

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### A Patient's Perspective

- When things go wrong, patients and families need to know what happened
- We need to know that changes have been made and will be made to prevent a similar event in the future
- We need to hear the words "I'm Sorry" from those involved in the event

Donna Davis  
*Co-chair, Patients for Patient Safety Canada*

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 **ACCREDITATION  
AGRÉMENT  
CANADA**

**PATIENT SAFETY INCIDENT DISCLOSURE**

- A documented and coordinated approach to disclosing patient safety incidents to clients and families, which promotes communication and supportive response, is implemented.

**GUIDELINES**

- Disclosure of patient safety incidents is an ongoing discussion that includes the following core elements:
- Informing those affected that a patient safety incident has occurred and offering an apology
- Explaining what happened and why, as facts are known
- Discussing the immediate actions taken to care for the client and mitigate further harm
- Reviewing recommended actions to prevent future incidents
- Offering support to all involved

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**Patient Safety Incident  
What do we do?**



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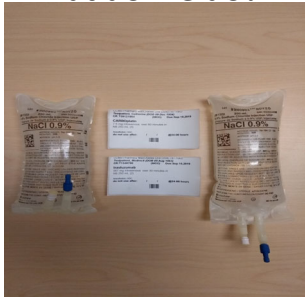
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**Patient Safety Incident  
What do we do?**



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### Physicians and the Disclosure Process

- Physicians have the immense privilege of being able to establish therapeutic relationships with people and families at their absolute most vulnerable
- At the same time, we encumber a significant burden and moral distress as witnesses/elements to a system that is fallible.



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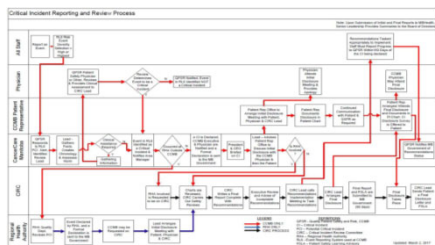
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### CCMB Critical Incident Review Process with Disclosure



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### Medical Oncologists and Disclosure

- We are uniquely positioned amongst subspecialties as care/treatment we provide is marked by its complexity, risk for interactions and expectations of toxicity
- We by necessity work as partners in complex team-based care, both buffering the likelihood of an individual committing error but also potentially increasing this risk
- We are accustomed (trained, somewhat) to manage uncertainty and communicate bad news

A. Sorbone et al, Journal of Clinical Oncology, Vol 25, No 12 (April 20, 2007): pp 1463-1467



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## FROM CCMB Review Process

- Procedure for Disclosure of a Critical Incident
- The physician providing care should be the most appropriate person to disclose the event details of the incident to the patient and/or family. The determination of this physician will be influenced by:
  - i. Setting and type of event
  - ii. The individual who is most responsible for the patient's care
  - iii. Consideration of the following:
    - Who is most knowledgeable about the event
    - Existing relationship with patient and family
    - Ability to explain future care plan
    - Patient's (or family's if applicable) preference



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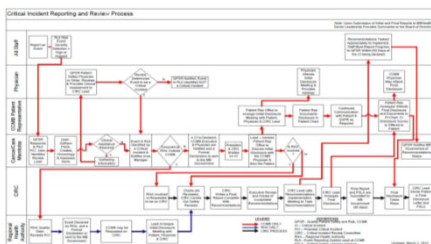
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## CCMB Critical Incident Review Process with Disclosure



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## Supporting the Patient during Disclosure

The Patient Rep role



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### DISCLOSURES/COI

- Barbara Kitzan
- I have no conflicts to disclose
  - Am a nurse who works as a Patient Representative at CancerCare Manitoba (CCMB)
  - Have never received any speaker/consulting fees



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### Plan the Discussion

**Plan for the initial disclosure discussion with the patient/family**

- Check if the patient is aware of the incident (usually done by the physician involved and if not, contact the physician to find out when the patient will be notified).
- Make direct contact with the patient (in person/by phone) to explain the role and upcoming process.
- Plan to attend the initial disclosure.
- Important to make sure the patient is attending the appointment/meeting with a friend/family/support person.



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### Preparing for Disclosure

- **Confirm team members for disclosure**
  - QPSR/physician or delegate/patient representative
- **Meet with the team prior to plan conversation**
  - Critical to have a plan of what will be communicated (initial disclosure different from final disclosure)
  - Review the situation and ensure awareness of incident details
  - Location for disclosure



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### Preparing for disclosure cont...

- **Important meeting aspects to consider**
  - Location
  - Individuals present (ensure the patient has their support person)
  - Set up (comfortable setting, Kleenex, water, watch for potential intimidation)
  - An appropriate amount of time for explanation & questions



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### Patient Rep: Providing a “Neutral” Support to the Patient

- The Patient rep is present to support the patient
- The patient rep is not part of the executive/management or clinical team
- The patient rep often has insight on what the patient/family need from the disclosure
  - can assist the disclosure team in meeting the patient’s needs during the disclosure
- The patient rep continues contact with the patient/family throughout the CI process and after final disclosure if needed



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### What our patients need from disclosure...

In my experience, patients can forgive “life-altering” events if we provide these three things

- They need to be heard
- They need a genuine heartfelt apology
- They need to know what will be done to ensure this doesn’t happen to anyone else.

Did we learn from our mistakes?



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Questions



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