

**HEALTH SCIENCE CENTER HANDBOOK OF OPERATING PROCEDURES**

Chapter 13	Clinical Policies and Procedures	Effective:	September 2007
Section 13.1	Clinical Policies	Revised:	
<b>Policy 13.1.1</b>	<b>Disclosure to Patients of Unanticipated Outcomes</b>	Responsible Party:	Vice President for Medical Affairs

## **DISCLOSURE TO PATIENTS OF UNANTICIPATED OUTCOMES**

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### **Overview**

Health Science Center 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.

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### **Policy**

The Health Science Center 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.

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### **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 Health Science Center 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.

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### **Who Makes Disclosure**

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.

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**Procedures**

- When is Disclosure Made: Disclosure should be made as soon as reasonably possible. Consideration should be given to the patient's ability to participate.
- To Whom is Disclosure Made: Disclosure is made to the patient and/or the patient's representative.
- 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.
- 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.
- 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.

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