

This quarter's focus is: Disclosure & Apology

A common explanation for the term "disclosure" is information that is provided to a patient regarding an unanticipated adverse outcome, that may or may not be associated with medical error. Under Florida Statute § 456.0575(1), "Every licensed health care practitioner shall inform each patient...in person about adverse incidents that result in serious harm to the patient. Notification of outcomes of care that result in harm to the patient under this section does not constitute an acknowledgment of admission of liability, nor can such notifications be introduced as evidence." The same requirements and protections apply to healthcare facilities. Florida Statute § 395.1051. What details of the event are shared, and how future care is addressed, as well as who is the appropriate provider to make that disclosure, can very much depend on the specific circumstances of the event. We encourage you to review the continuing education course on Disclosure and Apology created by the Self-Insurance Program, or the Express Primer, for further guidelines and recommendations on how to effectively and appropriately disclose and discuss an event with the patient. These can be found here http://flboq.sip.ufl.edu/continuing-education-online/ You can also reach the Self-Insurance Program at any time for guidance on how to effectively disclose an event.

In one case study featured here, the patient presented for evaluation of recurrent pancreatitis and underwent an endoscopic retrograde cholangiopancreatography (ERCP) during which she experienced bradycardia and hypotension. Following the procedure, she was unable to move her extremities and an MRI showed an inferior parietal stroke, likely embolic, and spinal cord infarction. The Gastroenterology care was reviewed and found to be appropriate with no process issues identified. The complication was very rare and likely due to a pre-existing heart condition that was not apparent prior to the procedure.

However, communication between the services and the patient and her family following this complication could have been improved. This resulted in frustration expressed by the patient as well as gratitude for the efforts of some providers to express their empathy. Effective communication is the key to quality patient care and patient satisfaction. Better communication can also assist in managing patient's expectations regarding outcomes.

To access more details about this case study and to view the course on Disclosure and Apology including this patient's video testimonial of her experience go to: http://flbog.sip.ufl.edu/case-studies/

To read more and for other case studies by SIP: http://flbog.sip.ufl.edu/case-studies/

For associated guidelines on Disclosure and Apology created by CRICO Strategies as well as Patient Safety Podcasts on the subject: https://www.rmf.harvard.edu/Clinician-Resources/Topic-Tag/Disclosure-Apology



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