

# DISCLOSING ADVERSE EVENTS: OUTLINE

## 1. PRE-READING

- A. Disclosing harm – CMPA document
- B. Policy on Disclosure – CPSS
- C. Should we disclose error – *Pediatrics* – 2015

## 2. LARGE GROUP DISCUSSION

### A. Definitions (CMPA)

- i. Adverse Event: something that results in unintended harm to the patient, related to the care and/or services provided rather than underlying medical condition
- ii. Harm: an outcome that negatively impacts patient health and/or quality of life

### B. Types of Adverse Events

- i. Provider Related
- ii. Related to investigation/Treatment
- iii. System Related

### C. How Common are Adverse Events?

- i. Canadian Adverse Events Study (CMAJ 2004): overall incidence 7.5%
  - 1. 185 000/2.5million hospitalizations associated with adverse events
  - 2. close to 70 000 are potentially preventable

### D. Brainstorming

- i. What to disclose?
- ii. When to disclose?
- iii. How to disclose?
- iv. Who should disclose?

#### E. CMPA Suggested Steps

- i. Attend to clinical care
- ii. Plan initial disclosure
- iii. Initial Disclosure meeting
- iv. Post-analysis disclosure

#### F. Apologies

- i. Apology legislation-ie ok to apologize, can help

#### G. Assigning Blame

- i. Not a good idea, especially before all the facts in
- ii. Team

#### H. Error vs. Event (terminology)

#### I. Reporting

- i. Follow hospital policy

#### J. Self-Care

- i. Resources

### 3. SMALL GROUP CASE DISCUSSION

#### A. Provider Error Cases

- i. Inappropriate amount of insulin (50 units vs 5 units)
- ii. Transfused 10 x amount of PRBCs
- iii. Got patient next doors antibiotic -eg gentamycin (same antibiotic, way higher dose as that child is bigger)

#### B. Related to Investigation/Treatment

- i. LP done but not enough fluid obtained so need to do it again
- ii. Child supposed to have NG tube, migrated to NJ, bolus fed, child uncomfortable with abdominal distension
- iii. Lost guide wire during central line placement

#### C. System Related

- i. Urine sample sent to lab but mislabeled so not run
- ii. Febrile infant seen in ED, partial septic workup done. Initial negative, so sent home. Urine c&S returned positive for E Coli but parent not called. Child presents septic later
- iii. Hgb A1C drawn in ED, returned as elevated later but parent not called. Child later presents in DKA