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