

**Template: Office Practice**

**Title: Disclosure of Unanticipated Outcomes**

**Date Developed:** \_\_\_\_\_ **Date Revised:** \_\_\_\_\_

**Approvals:** \_\_\_\_\_

I. Practice Philosophy:

II. Policy Statement:

III. Definitions of Terms:

Unanticipated outcome

Adverse event

Types of adverse events:

Immediate

Unknown

Known

Hospital

Disclosure

Informed consent

IV. Criteria for Disclosure

## V. Defining Personnel Roles

Receptionist  
Practice Manager  
Senior Clinicians  
Midlevel Providers  
Physician

## VI. Patient Contact Algorithm

- A. Initial patient contact
- B. Directing the patient to the appropriate individual(s)

*Importance of Maintaining Confidentiality*

## VII. Investigate Unanticipated Outcome

- A. Complete root cause analysis if needed
- B. Review and communicate details of investigation with appropriate staff members

## VIII. Planning the Disclosure Discussion

Who

When

Setting

Special needs/accommodations

## IX. Disclosure Communication Content

Event description  
Expression of regrets

Apology - if warranted  
Affects on current patient treatment plan  
Address concerns  
Review actions taken to prevent recurrence  
Review next steps

## X. Documentation

Who  
When  
Description of event  
Information was provided  
Patient  
Responses to patient questions  
Patient's level of understanding  
Planned follow-up  
Who the patient should contact with questions

## XI. Follow-up

Attachments:      Templates or Forms  
                         Coordinating Policies [Patient Communication;  
                         Patient Informed Consent; Patient Confidentiality]

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