HARDIN COUNTY GENERAL HOSPITAL
HOSPITAL-WIDE POLICY

Title: Incident Disclosure Policy **Effective Date: 2/17/2012**
Policy Number: HW116 **Med Staff:**
Regulation: **Admin:**

I. POLICY

When an incident occurs, even if there is no adverse effect, the information will be disclosed to the patient or responsible family member according to the following guidelines.

II. DEFINITIONS

DNS = Director of Nursing Services

CEO = Chief Executive Officer (Hospital Administrator)

III. RESPONSIBILITY

All staff

IV. EQUIPMENT

Appropriate Incident Report form

V. PROCEDURES

INFECTION CONTROL: N/A

A. Patient Falls and/or Injuries:

1. The physician is notified, immediately or as soon as possible, of all patient falls and injuries by the Charge Nurse.
2. The family or responsible person will be notified of all patient falls and/or injuries if the patient is confused or incompetent at the time of the incident.

B. Medication Incidents:

If a medication incident occurs, the patient and/or family member is informed as follows:

1. The physician is notified of all medication incidents by the Nurse, DNS, and/or Risk Manager, immediately or as soon as possible, especially before they are disclosed to the patient an/or family member.
2. All significant and serious categories (D, E, F, G, H, I) of medication incidents will be disclosed by the physician or Charge Nurse
3. Minor category (A, B, C) incidents are not reported unless deemed necessary by the physician.

C. Other:

1. Avoid accepting blame or implicating others.
2. Explain factually what occurred and what was done to correct the situation or what now needs to be done if further consent is necessary.

3. Careful wording can prevent a lawsuit. Avoid such words as “wrong”, “mistake”, and “error”.
4. The discussion should be done by the physician in most cases unless it is delegated to the Charge Nurse by the physician. This should only be delegated when the information must be given to the patient and/or family before the physician can be present. The physician may include others from the staff to accompany them in the discussion such as the Chief of Staff, CEO, Risk Manager, DNS, etc.
5. Lend support to the patient and the patient’s family.
6. Remain available for ongoing discussions, depending on the situation.
7. Express regret for the outcome, but not guilt.
8. Letters, cards and other benevolent gestures expressing compassion are acceptable providing care is taken with the wording.

D. Openly communicating an unfavorable outcome following an incident may change the course of events prior to the onset of mutual hostility, and may avert a lawsuit.

VI. DOCUMENTATION

All documentation should be done on the incident report itself with attachments if necessary.