



LOMA LINDA
UNIVERSITY
MEDICAL CENTER

LOMA LINDA UNIVERSITY MEDICAL CENTER

OPERATING POLICY

CATEGORY:	PATIENT'S RIGHTS	CODE:	P-20
SUBJECT:	COMMUNICATION WITH PATIENTS FOLLOWING AN UNEXPECTED OUTCOME, ADVERSE EVENT OR MEDICAL ERROR	EFFECTIVE:	05/2018
		REPLACES:	05/2015
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Statement of Philosophy

Consistent with LLUMC institutional values, all employees and members of the medical staff are expected to provide accurate and comprehensive information to patients and families to explain all aspects of a patient's care. We believe that the ideal patient experience is achieved when the patient and the patient's family are active participants in patient care decision making and have the opportunity to communicate with care providers. When there is an unexpected clinical outcome, adverse event or error in the delivery of medical care, we believe that there is an even greater obligation for timely communication with the patient and/or the patient's family. It is the intent of LLUMC and its medical staff to disclose unanticipated consequential clinical outcomes to the patient and/or family.

Unexpected Clinical Outcome, Adverse Event or Error:

1. When a significant unexpected clinical outcome, complication or adverse event occurs during the delivery of patient care, it is the primary responsibility of the treating physician who delivered care to communicate and provide information to the patient and/or the patient's family or an identified alternate. If the treating physician is a resident, the attending faculty physician should assume primary responsibility for the communication. To the extent possible, this communication shall be timely, and comprehensive. However, there are often circumstances or issues that are not immediately understood such as the specific reasons as to how or why an event may have occurred. Under these circumstances, medical staff members are encouraged to:
 - 1.1 Be compassionate, empathetic, open and honest with patients and families;
 - 1.2 Share the factual information that is known at the time; and
 - 1.3 Focus communication on the patient care implications and future treatment plans
 - 1.4 Refer potential legal issues, requests for compensation or billing adjustments to the Department of Risk Management or the Office of General Counsel.

2. Medical staff members are discouraged from speculating about possible reasons for a clinical outcome or focusing the discussion on the actions of individual practitioners or employees.

3. If a complication or adverse event involves more than one attending physician (such as a surgeon and anesthesiologist), it is recommended that these physicians jointly communicate with the patient and/or patient's family. This approach can help to provide more complete information to the patient and avoid miscommunication.
4. If a member of the medical staff needs advice, counsel or support in preparation for patient communication or prior to documenting in the medical record, he/she should consult with the Department Chair or Section/Service Chief, the Clinical Risk Manager in the Department of Risk Management, the Patient Safety and Reliability Department, or the Office of General Counsel. A resident physician is expected to consult with his/her supervisor.
5. If there is a significant service failure or an error involving care provided directly by hospital employees, the attending physician should also communicate with the department Director and/or unit Patient Care Director. Under these circumstances, the Director may also be involved in follow up communication with the patient and the patient's family as mutually agreed by the Director and the attending physician.
6. A member of the medical staff or department Director who becomes aware of an unexpected outcome or error should also consider whether the circumstances constitute a reportable event as described in Policy [Reportable Events \(T-69\)](#). If the physician or director believes there is a reportable event or if there is any question about whether or not the patient's circumstances meet the reporting criteria, the physician or director should immediately consult with the Patient Safety and Reliability Department.
7. If a patient or family member contacts the hospital after discharge to seek additional information or to ask questions about the patient's care, the individual should be directed to the Patient Relations Department in accordance with Policy [Patient Complaints and Grievances \(P-13\)](#). It is the responsibility of Patient Relations to facilitate communication with the patient and/or family. If the patient's questions are related to care in a clinic, the patient should be referred to the office of the attending physician or the appropriate Patient Relations Department (LLUMC or LLUHC).
 - 7.1 If the patient's complaint or concern is related to a compliance issue, the matter should be referred to the Compliance Department for review and response as referenced in Policy P-13, section 5.5.
 - 7.2 If a patient or patient's family alleges medical negligence, requests compensation for an injury, threatens litigation, or refers communication to his/her attorney, the individual should be referred to the Department of Risk Management as referenced in Policy P-13 section 5.7.

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- 7.3 Questions related to billing should be referred to the Patient's Business Office as referenced in Policy P-13, section 6.
- 8 Employees involved in patient care delivery who become aware of a significant unexpected outcome, complication, or potential error in the delivery of care should immediately communicate this information to a supervisor. The employee should also complete an electronic event report to document the event in accordance with Policy [Events Involving Patients \(M-34\)](#).

APPROVERS: Hospital Executive Leadership, LLUMC Board, LLUMC Chief Executive Officer, LLUMC Chief Nursing Officer, LLUMC Medical Staff President and Chair of MSEC