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Gallagher TH, Garbutt JM, Waterman AD, et al. Arch Intern Med. 2006;166:1585-1593.

This study surveyed 2637 medical specialists and surgeons regarding how they would disclose harmful medical errors to patients. The study revealed that patients wanted the physicians to apologize for the error, explain how it occurred, and discuss how such errors could be prevented in the future. Whereas most respondents in this study supported error disclosure in general, only a minority of medical specialists explicitly inform the patient, especially for less clinically significant errors. Approximately half of respondents declined to explicitly inform the patient or discuss specific plans to prevent such errors in the future. Most respondents would explicitly apologize to patients who were significantly less likely to do so than medical specialists. A companion study explored factors influencing physician's support of medical errors.

 [PubMed citation](#)
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Resource Type: [Journal Article](#) > [Study](#)**Target Audience:** [Health Care Providers](#) > [Physicians](#)[Health Care Executives and Administrators](#) > [Quality and Safety Professionals](#)**Approach to Improving Safety:** [Error Reporting and Analysis](#) > [Error Reporting](#) > [Patient Disclosure](#)[Communication Improvement](#) > [Provider-Patient Communication](#)

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<p>SUBJECT: DISCLOSURE OF INFORMATION FROM THE PATIENT INFORMATION SYSTEM</p> <p>POLICY NUMBER: HIP9</p>	

Issued:

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Related Policies:

POLICY

For purposes of this policy, Pennsylvania Hospital includes all off campus licensed facilities, including but not limited to the Surgery Center of Pennsylvania Hospital.

It is the policy of Pennsylvania Hospital that the information in the patient information system used or disclosed for directory purposes will be released in a manner that respects a patient's right to privacy, and in accordance with HIPAA privacy regulations and applicable law.

PURPOSE

It is the purpose of this policy to outline procedures for the appropriate handling of information in the patient information system used or disclosed for directory purposes.

SCOPE

This policy applies to all patient information of Pennsylvania Hospital used or disclosed for directory purposes.

IMPLEMENTATION

Members of our workforce who respond to requests by persons from outside UPHS for patient information for directory purposes are responsible for implementing this policy.

DEFINITIONS

Protected health information (PHI) is information that is created or received by UPHS and the School of Medicine; and relates to the past, present, or future physical or mental health or condition of a patient; the provision of health care to a patient; or the past, present, or future payment for the provision of health care to a patient; and that identifies the patient or for which there is a reasonable basis to believe the information can be used to identify the patient. PHI includes information of persons living or deceased. The following components of a patient's information also are considered PHI: a) names; b) street address, city, county, precinct, zip code; c) dates directly related to a patient, including birth date, admission date, discharge date, and date of death; d) telephone numbers, fax numbers, and electronic mail addresses; e) Social Security numbers; f) medical record numbers; g) health plan beneficiary numbers; h) account numbers; i) certificate/license numbers; j) vehicle identifiers and serial numbers, including license plate numbers; k) device identifiers and serial numbers; l) Web Universal Resource Locators (URLs); m) biometric identifiers, including finger and voice prints; n) full face photographic images and any comparable images; and o) any other unique identifying number, characteristic, or code.

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Use means, with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within UPHS and the School of Medicine.

Disclosure means the release, transfer, provisions of access to, divulging in any other manner of information outside UPHS and the School of Medicine.

PROCEDURE

1. Providing an Opportunity to Object

a) The Notice of Privacy Practices will inform Pennsylvania Hospital's patients of the potential uses and disclosures of their PHI for directory purposes from the patient information system, and will provide patients with an opportunity to object or restrict such uses or disclosures by instructing them to do so at the time of admission or presentation for appointment. Patients objecting to the disclosure of some or all of the following information should be directed to speak with a Patient Access Representative, and their objections recorded in the patient information system.

2. Patients admitted to a behavioral health unit

a) PHI of a person admitted to a behavioral health unit will not be disclosed from the patient information system. However, such patients or their authorized representatives may choose to have their information disclosed, if they so designate.

3. Using and Disclosing PHI from the Patient Information System for Directory Purposes

a) Unless a patient has objected, as specified in the Notice of Privacy Practices and as recorded in the Patient Information System, Pennsylvania Hospital may use and disclose the following PHI from the patient information system for directory purposes:

- i. patient's name;
- ii. patient's location in the facility (for example, room number);
- iii. a general description of the patient's condition that does not communicate specific medical information about the patient (for example, "good", "fair", "poor", "critical");
- iv. the patient's religious affiliation to members of the clergy.

b) Information may be used or disclosed for directory purposes to:

- i. members of the clergy, or
- ii. except for religious affiliation, to other persons who ask for the patient by name.

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4. Opportunity to Object Impractical

- a) If the opportunity to object to permitted uses and disclosures is impractical due to the patient's incapacity or an emergency treatment situation, Pennsylvania Hospital may use and disclose some or all of the above information for directory purposes, if such use or disclosure is:
 - i. consistent with a prior preference expressed by the patient, if any, that is known to Pennsylvania Hospital, and
 - ii. in the patient's best interest as determined by Pennsylvania Hospital, in the exercise of professional judgment.

- b) Pennsylvania Hospital must inform patients of uses and disclosures for directory purposes, and provide them with an opportunity to object to further such uses and disclosures when it becomes practicable to do so.

/s/Kathleen Kinslow
 Kathleen Kinslow, CRNA, EdD, MBA
 Executive Director

05/05/08
 Date

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PENNSYLVANIA PATIENT SAFETY ADVISORY

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THE PENNSYLVANIA PATIENT SAFETY AUTHORITY AND ITS CONTRACTORS



The Patient Safety Authority is an independent state agency created by Act 13 of 2002, the Medical Care Availability and Reduction of Error ("Mcare") Act. Consistent with Act 13, ECRI Institute, as contractor for the PA-PSRS program, is issuing this publication to advise medical facilities of immediate changes that can be instituted to reduce Serious Events and Incidents. For more information about the PA-PSRS program or the Patient Safety Authority, see the Authority's Web site at www.psa.state.pa.us.



ECRI Institute, a nonprofit organization, dedicates itself to bringing the discipline of applied scientific research in healthcare to uncover the best approaches to improving patient care. As pioneers in this science for nearly 40 years, ECRI Institute marries experience and independence with the objectivity of evidence-based research. More than 5,000 healthcare organizations worldwide rely on ECRI Institute's expertise in patient safety improvement, risk and quality management, and healthcare processes, devices, procedures and drug technology.



The Institute for Safe Medication Practices (ISMP) is an independent, nonprofit organization dedicated solely to medication error prevention and safe medication use. ISMP provides recommendations for the safe use of medications to the healthcare community including healthcare professionals, government agencies, accrediting organizations, and consumers. ISMP's efforts are built on a nonpunitive approach and systems-based solutions.

Leadership Series: UPMC's Experience with Disclosure of Medical Errors



Richard Kidwell, JD



Robert Voinchet, JD

Richard P. Kidwell, JD, Associate Counsel and Director,
Department of Patient Safety/Risk Management

Robert G. Voinchet, JD, President and Counsel,
Captive Insurance Program
University of Pittsburgh Medical Center

Patients who are harmed as a result of a medical error look to their physicians for three things: an apology, an explanation of what happened, and an assurance that something will be done to prevent the mistake from recurring. At the University of Pittsburgh Medical Center (UPMC), physicians fulfill their patients' expectations and remain available and accessible to their patients after such Serious Events. UPMC sees this commitment as a continuation of the dialogue between patient and physician that begins at the initial encounter. The accepted practice in the past was to avoid discussion of the topic of errors altogether. UPMC's philosophy, though, is to keep the lines of communication open, especially after a patient has been injured, because that is when a patient needs a caring physician and the information he or she provides more than ever.

UPMC has a disclosure policy that exceeds the dictates of the Joint Commission and the Pennsylvania Medical Care Availability and Reduction of Error Act of 2002 (Mcare). UPMC's doctors do not disclose errors just because of regulatory requirements; it is the right thing to do for both the patient and the physician.

We spearhead the efforts to inculcate UPMC's physicians with an appreciation for the virtues of disclosure. The captive insurance companies, which cover all UPMC facilities and about 4,500 physicians, fully support the concept of transparency with patients. Patients are steered to insurance and risk management representatives when questions of compensation arise. The authors speak at departmental and hospital medical staff meetings about the reasons for and the methods to accomplish medical disclosure. If a mistake is made during the treatment of a patient, the worst reaction is to make a second mistake by ignoring the error or covering it up.

One of the tools to educate UPMC's physicians is a video tutorial titled, "Removing Insult from Injury: Disclosing Adverse Events." This video, in which one of the authors participated, was produced by Johns Hopkins Bloomberg School of Public Health and succinctly explains why and how disclosure should take place. (For more information, see

http://www.jhsph.edu/dept/HPM/Research/Wu_video.html.) UPMC is fortunate, too, to have several physician champions espousing the benefits of disclosure to their colleagues.

Unlike the majority of states, Pennsylvania does not have an apology law that protects disclosure discussions. Thus, there was some initial resistance from UPMC doctors who were concerned that an apology would be used against them in subsequent litigation. While an apology law would be beneficial (a bill is pending before the legislature), there are several reasons why disclosure should take place even in the absence of statutory protection. As previously stated, it is the moral and ethical thing to do. Second, a physician who is upset with seeing his or her patient injured can start his or her own healing process by discussing matters with the patient. (UPMC also provides a counseling service for its physicians involved in Serious Events.) Third, an honest discussion with a patient may be the key to avoid a claim, and UPMC has anecdotal evidence of such outcomes. Fourth, if a mistake has caused harm, UPMC's insurance and risk personnel move swiftly to resolve any claim that may arise and forestall the event ending up in a jury trial where the apology is admitted in evidence. If, however, the claim cannot be resolved except by means of a jury trial, it is to a defendant doctor's advantage for the jury to hear that the doctor apologized to the patient, offered an explanation of what occurred, and focused on the patient's future care needs. Last, fear that disclosures will lead to increased claims and litigation has not been proven. While actively encouraging disclosure for the past several years, UPMC's claim count has decreased and claim payments have been stable.

Part of the acceptance by physicians in UPMC's disclosure program is trust in their colleagues in other departments. UPMC's patient safety/risk management personnel work hand-in-hand with UPMC physicians when a patient is harmed as a result of a medical error. As spelled out in UPMC's policy, early notification of an event to risk management personnel is important, so the facts can be analyzed and a plan put together on how best to communicate with the patient. Risk management personnel's experience helps guide their medical colleagues through these delicate situations. Risk management personnel can also ensure compliance with regulatory requirements like Mcare's Serious Event letters. As in all aspects of healthcare, teamwork is essential.

UPMC's experience with advocating candid and forthright disclosure discussions with patients has been overwhelmingly positive. Physicians have embraced the policy as a result of the commitment of their leadership and after seeing the policy put into practice both through their efforts and the efforts of UPMC's support staff.