

# How to disclose a medication incident to your patient

By Grant Fuller and Certina Ho

Every patient has the right to be informed when an incident associated with medication therapy has occurred. Healthcare practitioners need to understand when disclosure is appropriate or necessary and how to properly disclose medication incidents.

In this article, we will suggest a framework for the disclosure of medication incidents. This framework is adapted from the Canadian Patient Safety Institute (CPSI) “Canadian Disclosure Guidelines” and a previously published continuing education lesson for pharmacy technicians on “How to Handle a Medication Error”. We also consulted the Canadian Medical Protective Association (CMPA) article, “Disclosing harm from healthcare delivery: Open and honest communication with patients”. We would like to refer readers to these original resources for further information.

## A SUGGESTED APPROACH TO DISCLOSE MEDICATION INCIDENTS

### Immediate Actions

After a medication incident is discovered, there are immediate actions that must be taken before the disclosure:

- Attend to the affected patient(s); ensure their care needs are met.
- Take immediate measures to prevent similar safety risks from harming other patients or staff.

### Is Disclosure of the Medication Incident Needed?

After any immediate safety concerns are addressed, practitioners must decide whether disclosing the medication incident to the patient is appropriate or necessary (Figure 1).

- Consider the degree of harm the patient experienced or could have reasonably experienced as a result of the incident (Figure 1)
- “Harm” refers to incidents that reached the patient and resulted in

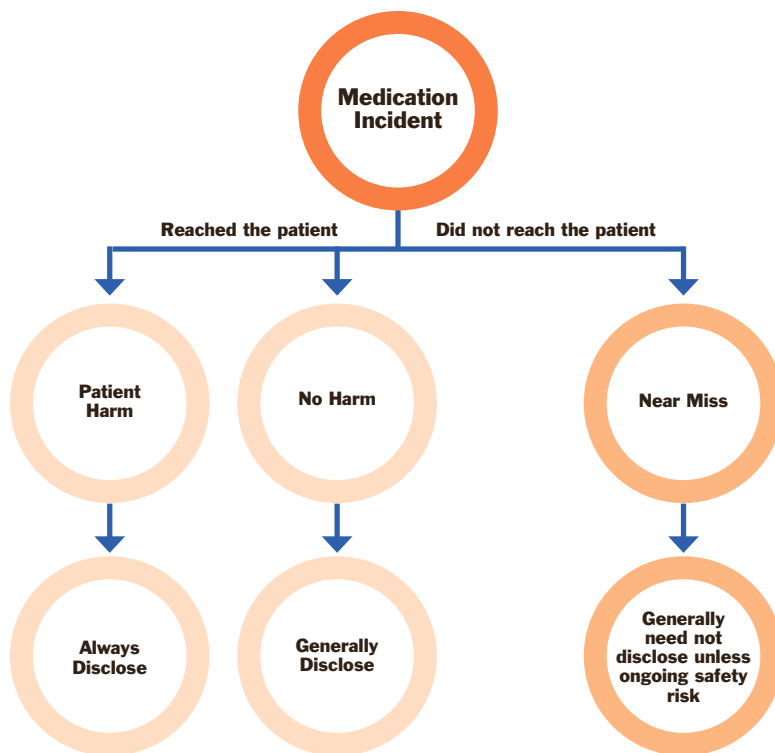


Figure 1 – Circumstances When Disclosure is Appropriate or Necessary  
Reference: Canadian Patient Safety Institute Canadian disclosure guidelines: being open and honest with patients and families; November 2011.

## APOLOGIES ARE CRUCIAL TO THE DISCLOSURE PROCESS; THEY MAKE PATIENTS FEEL VALIDATED AND RESPECTED.

temporary or permanent impairment (including mental, physical, sensory functions and pain) in body functions or structures

- “No Harm” refers to incidents that reached the patient but resulted in no injury
- “Near Miss” refers to events that could have resulted in patient harm but did not reach the patient
- When in doubt, consider whether a patient would reasonably want to know about the incident.

### Apologies

Apologies are crucial to the disclosure process; they make patients feel validated and respected. Legislation exists in several provinces, including Ontario, to protect healthcare practitioners from legal liability associated with apologizing. When offering an apology:

- Communicate genuine sincerity about the medication incident.
- Use a personal tone, including terms, such as, “I” or “We.”

- Use appropriate non-verbal gestures (e.g. body language, tone of voice, facial expressions).
- Assure that harm did not result from anything the patient or family did or did not do.

### Preparing the disclosure

When a disclosure is necessary, prepare for the initial meeting:

- Schedule an in-person meeting at the earliest practical opportunity. Select a time that is convenient for the patient and family and a place that is private and free of interruptions. Allow adequate time for discussion of the incident.
- The most responsible healthcare provider who is involved should facilitate the disclosure. All others who played a role in the incident should be prepared to discuss relevant events with the patient and family.
- Anticipate emotions; both the patient and practitioners should have supports available at the disclosure meeting if needed.
- Assign a staff member as the primary contact for the patient and family throughout the disclosure process.

### Disclosure

The initial disclosure provides an opportunity for the patient and family to understand what the medication incident was, why and how it might have happened.

- Focus on the events that led to the incident. Use clear and understandable terminology. Avoid speculation and assigning blame.
- Encourage the patient and family to discuss the incident from their point of view.
- Discuss any changes to the ongoing care of the patient in consultation with the patient’s primary healthcare provider.
- Document the discussion. Allow the patient and family to review the documentation to ensure everyone agrees on the facts.

### Continued feedback

Disclosure requires continued dialogue with the patient and family rather than a single discussion. After the initial disclosure meeting and when the medication incident has been fully reviewed and analyzed:

- Communicate new findings about the incident to the patient and family members.
- Reinforce, update, or correct information provided in previous meetings.
- Discuss any improvements or changes made in practice in order to prevent similar events from occurring.
- Provide continued practical and emotional support to the patient and family.

After a medication incident occurs, the course from reporting and disclosure

to the eventual implementation of system-based improvements can be complicated. Having a structured approach and the knowledge to appropriately disclose medication incidents are important; however, they represent just one step in addressing the challenges of medication incident reporting and learning. Improving how we deal with medication incidents will require an ongoing engagement and support from organizations, teams, and individual practitioners.

The information in this article is adapted from a recently published article on “Disclosure of Medication Incidents: A Suggested Framework” in the Summer 2019 edition of the Ontario College of Pharmacists (OCP) Pharmacy Connection journal. [\[1\]](#)

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## Adult day and overnight stay care

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“Alzheimer’s and dementia aren’t going away, in fact with this particular population it’s growing,” says Jo-Ann Shotton, program manager. “Our recreational staff works very hard to create a calendar of activities that touches base with the abilities of our clients while meeting their physical, social and cognitive needs. We have different activities going on at the same time, to keep as many people engaged as possible.”

The program recently extended its weekday hours and is now open Monday to Friday, from 7 a.m. to 6 p.m.

Erin Morgan’s mother Carolyn Dukelow has Alzheimer’s. She attends the program five days a week, and has been a client for about a year. “My mom is a very gentle, loving and caring person. I care for her full-time at home. She lives with my husband and our children,” Morgan says. The caregiver added the expanded hours helps her family maintain a routine, they can manage. “I wouldn’t be able to work full time without it, no way. I can bring her before work, and in

the evenings I have time to run out and grab groceries, pay a few bills or pickup any medications my mom may need.” Morgan also uses the Overnight Stay Care service for her mom, which provides respite care overnight and on weekends.

Caregivers are able to drop off their loved ones at 4:30 p.m. on Fridays and pick them up by 2:30 p.m. Sunday. “With having the level of security in that building, as many staff as they do and all their supports, I’m at a 100 per cent comfort level,” Morgan says. “They treat my mom like they do their own loved ones. That gives me and my family so much peace of mind.”

“People say we’re their angels looking after them, when they had no hope at home,” adds Bruce. “It’s very rewarding and makes you feel warm inside. It’s nice to know what we’re doing is helping people.” People like Noreen and Jim Peters. “It was the best decision I made to have Jim come here,” Noreen exclaimed. “It’s important to recharge. [\[1\]](#)

Nikki Jhutti is a Communications Officer at Providence Care.

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