

Title: Disclosure and Communication and Optimal Resolution (CANDOR) of Unanticipated Outcomes
Number: 910, **Version:** 10

Original Date: 03/23/2008

Effective: 02/21/2022

Last Review/Revision Date: 02/21/2022

Next Review Date: 02/21/2025

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Discrete Operating Unit/Facility:

Banner Baywood Medical Center
 Banner Behavioral Health
 Banner Boswell Medical Center
 Banner Casa Grande Medical Center
 Banner Churchill Community Hospital
 Banner Del E Webb Medical Center
 Banner Desert Medical Center
 Banner Estrella Medical Center
 Banner Fort Collins Medical Center
 Banner Gateway Medical Center
 Banner Goldfield Medical Center
 Banner Heart Hospital
 Banner Ironwood Medical Center
 Banner Lassen Medical Center
 Banner Payson Medical Center
 Banner Thunderbird Medical Center
 Banner—University Medical Center Phoenix
 Banner—University Medical Center South
 Banner—University Medical Center Tucson
 Community Hospital
 East Morgan County Hospital
 McKee Medical Center
 North Colorado Medical Center
 Ogallala Community Hospital
 Page Hospital
 Platte County Memorial Hospital
 Sterling Regional Medical Center
 Washakie Medical Center
 Wyoming Medical Center

Banner Corporate
 Banner Health Clinics
 Banner MD Anderson Cancer Center
 Banner Health Network
 Banner Home Care and Hospice
 Banner Imaging Services
 Banner Plan Administration
 Banner Pharmacy Services
 Banner Surgery Centers
 Banner Urgent Care Centers
 Occupational Health/Employee Services
 Post-Acute Care Services
 Research
 Rural Health Clinics
 University Physicians Health Plans

I. Purpose/Population:

A. **Purpose:** To promote safe patient care through candid empathetic communication and accomplish timely resolution for patients or their Legally Authorized Representative in response to an Unanticipated Outcome.

B. **Population:** All Patients.

II. Definitions:

A. **Capacity:** A medical determination about the patient's medical decision-making capability. Capacity is decision specific. A person may have capacity to decide about a specific treatment. A determination concerning capacity must focus only on that decision. A patient has medical decision-making capacity if he or she has all three of the following:

1. Ability to comprehend or understand the information about the medical problem.

- a. Appreciate the impact of the disease.
- b. Appreciate the consequences of various options for treatment, including forgoing options.

2. Ability to evaluate the options:

- a. Compare risks and benefits of each option.
- b. Deliberate in accord with the patient's own values.

3. Ability to communicate his or her choice in any manner.

B. **Communication and Optimal Resolution (CANDOR):** CANDOR is a process from Unanticipated Outcome to resolution when unexpected patient harm event occurs, pursuant to which Banner Health provides timely, transparent and ongoing communication to the patient/LAR/family.

C. **CANDOR Team:** The Banner Health Facility/Care Site's Chief Medical Officer (CMO or equivalent or designee), Chief Nursing Officer (CNO or equivalent or designee), and the Facility/Care Site's CANDOR trained team members.

D. **Disclosure:** Communication of information regarding the results of a diagnostic test, medical treatment or surgical intervention resulting in an Unanticipated Outcome.

E. **Facility/Care Site:** Any hospital, ambulatory surgery center, home health, hospice, clinic, urgent care or other setting where care is provided that is managed by Banner or that agrees to be governed by this policy.

F. **Clinical Care Team Member(s):** One or more of the following individuals: physician(s), clinical or clinic staff, unit management, and/or administration.

G. **Legally Authorized Representative (LAR):** The person authorized by state law to make health care decisions for the patient. Such person may be designated by the patient in a health care power of attorney, designated by law, or appointed by court, or the parent of an unemancipated minor.

- H. Resolution: The act of solving a problem, dispute, or contentious matter. In the CANDOR process, it includes addressing the needs of the patient/LAR/family and/or staff following an Unanticipated Outcome resulting in patient harm. Resolution is a process and can take time.
- I. Unanticipated Outcome: An outcome of any treatment or procedure that differs significantly from the anticipated outcome, whether or not resulting from error or fault. This term refers to an outcome that caregiving personnel did not expect to occur (although they may have been aware that the occurrence was possible), and/or unexpected from the patient/family/LAR perspective, and that currently has, or may have in the future, a significant impact on patient care, treatment, or well-being.

III. Policy:

- A. It is the policy of Banner Health that patients, their LAR and when appropriate, the family, be informed about Unanticipated Outcomes, as appropriate. The intent of Disclosure is to provide thorough, complete, open, honest, and necessary information for the patient/LAR/family's understanding of what has occurred. This includes ongoing care and treatment options.
- B. When an Unanticipated Outcome is identified, appropriate care for the patient will be provided. When the patient's condition is stabilized, an initial communication shall take place as soon as possible. This initial communication should include, at a minimum: (1) acknowledgment of the Unanticipated Outcome; (2) a blameless apology; (3) a commitment to sharing details of event review; and (4) contact information for the Facility/Care Site liaison. Disclosure should only occur after communication with the CANDOR Team, once pertinent details are known. The patient should be given the option of having another person present for support during any initial communication or Disclosure discussion(s).
- C. Resolution considering financial compensation requires Clinical Risk Management (CRM) and Claims Department involvement.
- D. If the patient lacks Capacity, Disclosure discussions should include the patient's LAR and, when appropriate, the family. The LAR/family should be given the option of having another person present for support during the Disclosure discussion(s).
- E. After an Unanticipated Outcome that **does** adversely affect the patient's health, safety or well-being: The CANDOR process is triggered.

Members of the CANDOR Team, in collaboration with the Clinical Care Team Members and CRM, are responsible for planning and providing the Disclosure. Disclosure is an ongoing process. Accordingly, a Facility/Care Site contact name and phone number shall be provided to the patient/LAR/family. In addition, a follow-up meeting should be scheduled during the first Disclosure discussion.

- F. After an Unanticipated Outcome that **does not** adversely affect the patient's health, safety or well-being: The Clinical Care Team Members are responsible for planning and providing Disclosure.

IV. Procedure/Interventions:

- A. Unanticipated outcome that **does** adversely affect the patient's health, safety or well-being:

1. Address the patient's current health care needs and take all necessary actions to mitigate the extent of harm to the patient.
 2. Initiate the CANDOR process and immediately notify treating physician(s), a member of the CANDOR Team, the appropriate manager, Administration and CRM.
 3. The CANDOR Team will meet with the Clinical Care Team Members and other pertinent staff to review known facts and discuss the Disclosure plan. See **Appendix A** for Disclosure elements.
 4. The CANDOR Team members, the treating physician(s), when appropriate, and/or a representative from Administration or designee have primary responsibility for the initial Disclosure meeting with the patient/LAR/family.
 5. Conduct Disclosure as soon as possible after the event. Optimal timing of the Disclosure varies with the specific circumstances of the case.
 6. Include factual, truthful, and accurate information in the Disclosure. Acknowledge the event with blameless apology. Share that an event review is being conducted.
 7. Provide the patient/LAR/family the name and information for the designated Facility/Care Site contact. Commit to ongoing follow up.
 8. Document the Disclosure in the patient's medical record, including the elements identified in **Appendix B**. Documentation should be completed using the CANDOR ad hoc form in Cerner.
 9. Complete the Online Event Report within 24 hours of the event, consistent with the [Event Reporting](#) Policy #911.
 10. Refer involved employees to the Facility/Care Site's Banner TALK2Me Support Team, EAP or other Banner Health programs as appropriate, that provide support for clinicians. Non-employed clinicians will also be offered appropriate Banner Health support.
- B. Unanticipated Outcome that does not adversely affect the patient's health, safety or well-being:**
1. Address the current health care needs of the patient.
 2. Notify treating physician(s), appropriate manager and other individuals such as Administration and CRM, as appropriate.
 3. Convene two or more of the Clinical Care Team Members to review the facts and develop a Disclosure plan.

4. The treating physician should participate in the Disclosure, when appropriate.
5. Address Disclosure to the patient/LAR/family, as appropriate. The patient/LAR/family will be given the option of having another person present for support during the Disclosure discussion(s).
6. Conduct Disclosure as soon as possible. Optimal timing of Disclosure varies with the specific circumstances of the case.
7. Include factual, truthful, and accurate information in the Disclosure. Acknowledge the event with a blameless apology. Share that an event review is being conducted.
8. Document the Disclosure in the patient's medical record, including the elements identified in **Appendix B**. Documentation should be completed using the CANDOR ad hoc form in Cerner.
9. Complete an Online Event Report within 24 hours of the event.
10. Refer involved employees to your Facility/Care Site's Banner TALK2Me Support Team, EAP or other Banner Health programs as appropriate, that provide support for clinicians. Non-employed clinicians will also be offered appropriate support.

V. Procedural Documentation:

- A. Document per **Appendix B**

VI. Additional Information:

- A. If appropriate, consult pastoral care, case management or social work to assist in providing emotional and logistical support after the event and/or Disclosure.
- B. If there are special situations where language barriers, disabilities or other communication challenges may be encountered, a qualified medical interpreter will be used, as defined in the [Interpretation Services](#) Policy #1195.
- C. As applicable, the patient/LAR/family may be informed of existing peer review processes and the fact the Unanticipated Outcome will be subject to confidential peer review, as discussed in the [Peer Review, Medical Staff](#) Policy #760.
- D. If the patient/LAR/family wants to be informed about actions taken as a result of system process improvements, arrangements will be made to share these system process improvements.
- E. A provider may request the CANDOR lead/team participate in Disclosure of an Unanticipated Outcome that does not adversely affect that patient's health, safety or well-being if the provider feels a more robust response is necessary under the specific

circumstances of the event.

- F. **Special Situations:** If the physician believes that full Disclosure of an Unanticipated Outcome could place the patient at risk of harm psychologically or physically, then the physician, in consultation with other members of the health care team, which may include the Psychiatric Consult Services, the Ethics Committee, Social Work and CRM, may initially restrict the extent of Disclosure. In those circumstances where a later Disclosure to the patient might be more appropriate, initial Disclosure to the LAR or family should be considered.
- G. **Preserve the Evidence:** If the Unanticipated Outcome involves a medical device/equipment (e.g., pump, anesthesia machine, etc.) or medical supplies (e.g., syringes, IV tubing, medication vials or packaging, etc.), remove the item from service, preserve the evidence and refer to facility protocol for sequestering equipment and contact CRM. See Safety Manual: Equipment Management-Medical Device Failure (SMDA), Policy #168.

VII. References:

- A. Agency for Healthcare Research and Quality, CANDOR toolkit, May 2016.
- B. Burnout Among Health Professionals and Its Effect on Patient Safety, Agency for Healthcare Research and Quality, Patient Safety Net: 2016.
- C. How Positive Emotions Build Physical Health: Perceived Positive Social Connections Account for the Upward Spiral Between Positive Emotions and Vagal Tone. Psychological Science, 6 May 2013.
- D.

VIII. Other Related Policies/Procedures:

- A. [Event Reporting](#) Policy (#911)
- B. [Interpretation Services](#) Policy (#1195)
- C. [Peer Review, Medical Staff](#) Policy (#760)
- D. Safety Manual: Equipment Management-Medical Device Failure (SMDA) Policy (#168)
- E. Surrogate Decision Maker (#1321)

IX. Keywords and Keyword Phrases:

- A. Communication and Resolution
- B. Event
- C. Event Reporting
- D. Incident
- E. CANDOR
- F. Disclosure

X. Appendix:

- A. Elements of the Disclosure Discussion
- B. Documentation Elements

Appendix A - Elements of the Disclosure Discussion

1. Elements of the Disclosure discussion should include, as appropriate:
 - A. An understandable objective, factual explanation of the event (when, where and how the event occurred). If not yet known, explain that follow-up will be done and further information will be shared.
 - B. Potential consequences of the event.
 - C. The patient's current condition.
 - D. The follow-up treatment/monitoring plan for the patient.
 - E. The risks and benefits of further interventions.
 - F. Any actions taken as a result of the event.
 - G. Any actions taken to prevent recurrence of the event.
 - H. An opportunity for the patient/LAR/family to express his/her/their perception of the significance of the event.
 - I. An apology with clear conveyance of regret that the event occurred. Note: An apology or conveyance of regret is not the same as an admission of fault. Avoid an admission of fault, responsibility, or blame.
 - J. An opportunity to verify the patient/LAR/family's understanding of the event and answer questions.
 - K. Identify the appropriate Facility/Care Site representative and provide contact information for future questions or concerns.

Appendix B – Documentation Elements

1. Document in the Medical Record the Disclosure discussion:
 - A. Factual information regarding the Unanticipated Outcome and care provided in response.
 - B. Elements of this discussion should include:
 - i. The date, time, and place of the discussion.
 - ii. The name of those present, and who took the lead in making the Disclosure.
 - iii. A factual description of what was communicated.
 - iv. Any apologies offered, by whom and for what.
 - v. Questions posed by the patient/LAR/family and the responses given.
 - vi. The next steps identified during the discussion and the follow-up contact person for the patient/LAR/family.
2. Disclosure discussions with hospital inpatients/LAR/family taking place prior to discharge, record the Disclosure in the progress notes of the medical record. After discharge, record discussions in the correspondence section of the medical record.

3. Disclosure discussions with clinic patients should be documented in the progress notes of the medical record.
4. For Home Care and Hospice patients, Disclosure should be documented in a progress note or case communication note in the medical record within 24 hours of the Disclosure discussion.
5. An Online Event Report should be completed within 24 hours of the Unanticipated Outcome. For addition information, reference [Event Reporting](#) Policy #911.