
Title: Open Disclosure
Document Type: Policy/Procedure
Approved by: CEO
Reviewer: Quality Committee

PURPOSE

To establish that there are consistent processes are in place to facilitate communication, open disclosure, incident and complaint management.

INTRODUCTION

Open disclosure provides an ethical framework for health professionals and health organisations to fulfil their duty of care to Consumers and their families.

Nagambie HealthCare will provide an environment in which management and staff recognize and openly discuss adverse events and incidents with Consumers and their families

TARGET AUDIENCE

Open disclosure applies to all staff involved in patient/client care and communication with Consumers/clients and/or support person should reflect the fact that care provided is multi-disciplinary and that consistent processes are in place to facilitate communication, open disclosure, incident and complaint management

DEFINITIONS

Incident: Any event resulting in, or with the potential for, injury, damage or other loss. For the purposes of open disclosure, an incident will exclude a near miss.

Incident Investigation: The management process by which underlying causes of undesirable events are uncovered and steps are taken to prevent similar occurrences

Open Disclosure: The process of providing an open, consistent approach to communicating with the client and their support person following a client related incident. This includes expressing regret for what has happened, keeping the client informed and providing feedback on investigations including the steps taken to prevent a similar incident occurring in the future. It is also about providing any information arising from the incident or its investigation relevant to changing systems of care in order to improve client safety.

Apology: A key aspect of open disclosure is saying sorry or offering an apology to the patient/client and their support person following an incident. An apology does not constitute an admission of fault or liability and neither is it relevant to the determination of fault or liability but rather, is an expression of sympathy or regret or of a general sense of benevolence or compassion
(Civil Liability Act 2002)

Support Person: Nominated person may be any individual, identified by the patient as a nominated recipient of information regarding their care

High Level Response: Involves all the steps in the open disclosure process as set out in the Open Disclosure Guidelines

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PROCEDURE

Open Disclosure Response

The level of open disclosure is based on the severity of the incident with a rating of “High” or “Extreme” graded as a high-level response. Other level responses (Minor to Moderate) may however be escalated to a high level response and shall be considered on a case-by-case basis at the discretion of the Chief Executive Officer.

It is the responsibility of the Chief Executive Officer to determine the level of response required.

The CEO/DON is the designated to manage and respond to all instances of Open Disclosure with the Unit Manager and/or other designated staff. Depending on the incident and the outcome, the medical practitioner may also be required to attend.

Following the identification of an adverse event requiring Open Disclosure the following procedures apply:

1. The clinical team shall meet to discuss the incident and ensure all relevant and necessary information is available, completing the Open Disclosure Checklist
2. The first meeting with the patient/client and their support person should be scheduled within 48 hours and an interpreter arranged if required. This meeting should be held in a non-threatening environment and discussion should include:
 - a) An apology or expression of regret
 - b) An explanation about what happened (facts only as known at the time)
 - c) A discussion about what will happen next and the anticipated impact on the patient including an explanation about provision of any further information
 - d) Listening to patient concerns and responding to questions
 - e) Identification of additional support or referrals including a contact name within the organisation
3. The Insurance Company should be notified by the CEO and documentation forwarded as required if this has not already occurred
4. Arrange additional supports or referrals as identified during the meeting
5. Ensure the incident database identifies the open disclosure process and meeting for the relevant incident
6. Report to relevant Committees
7. Monitor progress and outcomes and ensure written feedback and communication continues with staff, patient and support persons
8. Established, consistent processes are in place to facilitate communication, open disclosure, incident and complaint management

Consideration for Patient Circumstances

In some circumstances, it may be necessary to consider the particular circumstances relating to the patient prior to the clinical team meeting with the patient and support person/s. This decision is the responsibility of the CEO/DON and should be made on a case-by-case basis

These include:

- Consumers with Mental Illness
- Consumers with Cognitive Impairment
- Language or cultural barriers
- Breakdown in relationships

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Privacy & Confidentiality

Providing information to any family member, representative or possible support person, without the Consumers consent, may constitute a breach of the patient's privacy and the confidentiality provisions of the Health Service. Where possible, patient consent shall be obtained in all instances prior to the introduction of a support person.

Ongoing Care:

Any further management or rehabilitation required following the adverse event must be planned in discussion with the patient and/or support person to ensure they are fully informed of and in agreement with any proposed ongoing care.

Record Keeping

The open disclosure process must be recorded in:

- The client's health care **record, and**
- Advent Manager Incident Recording System in accordance with the Incident Reporting Policy

REFERENCES

DHS: Open Disclosure for Victorian Health Services 2008 – A Guidebook
National Open Disclosure Framework – Safety & Quality Council (2013)
Victorian Charter of Human Rights & Responsibilities 2006 (Vic)
NHC– Incident Reporting Policy, Protocol and FlowChart

DISCLAIMER

The Nagambie HealthCare Staff member / committee who has/have approved this document accepts the Site as relevant information for Nagambie HealthCare staff to access and use appropriately.

The website will be reviewed periodically and changes made in response to professional, legislative or DHHS communiqué.