	Document number	POL-ST2-013		
	Last Review	July 2026	**Review Date**	July 2029
	Date of Issue	July 2026	**Version**	2.0
	Document Name	Open Disclosure Policy		
	Document Owner	Director of Nursing		
	Approved by	Medical Advisory Committee		
	Document Location	Risk Clear		

Open Disclosure Policy

1. Introduction

1.1. The Trustee for the Springboard Recovery Unit Trust ("the **Company"**) must comply with legislative and regulatory requirements to ensure all relevant information is placed in the patient record or other suitable place so that it is accessible to the healthcare team. It is important that all personnel involved in the first meeting with the patient read and agree upon the contents of this document.

1.2. Open disclosure is a open discussion with a patient and or their support person regarding an incident that resulted in harm, or had the potential to result in harm, during the provision of healthcare.

1.3. Open disclosure is:

- A patient right
- A professional and ethical responsibility
- An essential component of patient centred care
- A key element of quality improvement and clinical governance

1.4. Open Disclosure should be viewed as an ongoing process rather than a single meeting and may involve multiple discussions as further information becomes available.

1.5. Open Disclosure shall occur in accordance with:

- Australian Open Disclosure Framework
- National Safety and Quality Health Service Standards
- Australian Charter of Healthcare Rights
- Relevant Victorian legislation and regulatory requirements

2. Scope

2.1. This policy is designed to assist staff planning and preparing for the first open disclosure meeting with a patient or resident. It is also intended to facilitate communication and information sharing among the healthcare team and other relevant personnel at before and during the first open disclosure meeting and throughout the subsequent open disclosure process.

2.2. This procedure applies to:

- All Arrow Health Staff
- Contractors and visiting practitioners
- Inpatient services
- Outpatient services
- Day Program Services
- Counselling services

2.3. This procedure applies following:

- Patient safety incidents
- Adverse events
- Significant near misses where appropriate
- Sentinel events
- Unexpected clinical outcomes

2.4. Once the need for an open disclosure process has been recognised, the first meeting with the patient, family and carers should occur as soon as possible facilitated by Management staff.

3. Purpose

3.1. This policy sets out the minimum requirements for a consistent open disclosure process within the Company Hospital requirements, to ensure that patients and their support person(s) and hospital staff are communicating effectively about patient safety and incidents, an opportunity to hear their concerns and experiences, and are treated respectfully and provided with ongoing care and support for as long as it is required.

3.2. As part of the mandatory requirements for Health Services in the implementation of the open disclosure policy following a patient safety incident in Victoria are based on the principles outlined in the *Australian Open Disclosure Framework*[1] as well as the NSQHS standards, and *Australian Health Care Charter of Rights*. These principles address the complex interests of patients, clinicians, managers, Health Services and other key stakeholder groups such as healthcare consumers, medical indemnity insurers and professional organisations.

4. Definitions

4.1. Patient Safety Incident: An event or circumstance that could have result, or did result, in unnecessary harm to a patient.

4.2. Adverse Event: An incident in which unintended harm occurred because of healthcare management rather than the patients underlying condition.

4.3. Open Disclosure: An open discussion with the patient and or their support person regarding an incident that resulted in harm, including expression of regret, provision of factual information and ongoing support.

5. Open disclosure framework

5.1. In order to ensure that the Company is improving patient care, the framework encourages clinicians to acknowledge that an adverse event has happened and to apologise or express regret for what has occurred. Acknowledging an adverse event, apologising or expressing regret, is not an admission of liability. Liability is established by a court and is based on an evidentiary matrix which may, in part, be based on statements made either before or after the event.

5.2. Clinicians and other staff must be aware of the risk of making an admission of liability during open disclosure. In any discussion with the patient, their family and carers during open disclosure, clinicians and other staff should take care not to speculate on the cause of an incident or pre-empt the results of any investigations. They must not apportion blame, or state or agree that they, other clinicians or health service organisations are liable for the harm caused to the patient.

5.3. The Open Disclosure Framework recommended principles to discuss incidents that result in harm to a patient while receiving health care are:

Open and timely communication - a patient is to be provided with information about what happened in an open and honest manner at all times, which may involve the provision of ongoing information.
Acknowledgment - health services are to acknowledge when an adverse event has occurred as soon as practicable, and to initiate the open disclosure process.

[1] https://www.safetyandquality.gov.au/our-work/open-disclosure/the-open-disclosure-framework

Apology or expression of regret - a patient is to receive an apology or expression of regret for any harm that resulted from an adverse event as early as possible.

Recognition of reasonable expectations - a patient may reasonably expect to be fully informed of the facts surrounding an adverse event and its consequences, treated with empathy, respect and consideration and provided with support in a manner appropriate to the patient's needs.

Staff support - health services are to create an environment in which all staff are able and encouraged to recognise and report adverse events and are supported through the open disclosure process.

Integrated risk management and systems improvement - investigation of adverse events and outcomes are to be conducted through processes that integrate a focus on risk management and on improving systems of care and reviewing their effectiveness.

Good governance - a system of accountability must be in place (through the health service's chief executive officer or governing body) to implement clinical risk and quality improvement processes that prevent the recurrence of adverse events, and to ensure changes are reviewed for their effectiveness.

Confidentiality - health services are to develop policies and procedures with full consideration of consumer and staff privacy and confidentiality, and in compliance with relevant law, including Commonwealth and state or territory privacy and health records legislation.

6. Outcome

6.1. The Company has a clear and consistent approach to open communication and disclosure with consumers, patients and their carers following an Adverse Event with a view to fairness, accountability and transparency.

6.2. The CEO/DON/GM or delegate is responsible for identifying and activating low level and high-level responses and will oversee the Open Disclosure process as outlined in the Clinical Governance and Credentialing policies.

6.3. Open Disclosure should be commenced as soon as practicable after the Adverse Event. And Adverse event is an incident in which unintended harm resulted to a person receiving health care.

7. Triggers for Open Disclosure

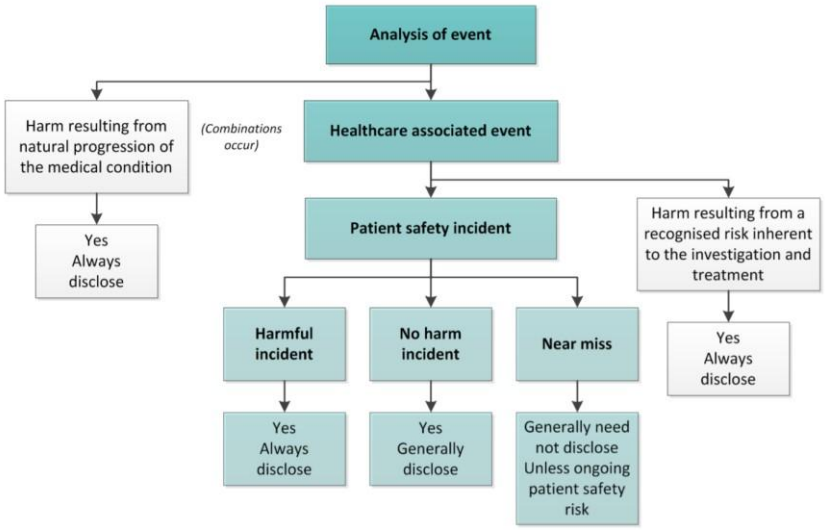
7.1. Open Disclosure should be considered following:

- Medication incidents resulting in harm
- Clinical deterioration events
- Unexpected transfer to acute services
- Falls resulting in injury
- Significant self-harm, incidents
- Suicide attempts
- Sentinel events
- Delays in treatment causing harm
- Privacy breaches resulting in harm
- Any event where a patient reasonably expects an explanation

8. Assessment

8.1. Initial assessment is required to determine the level of response. Open disclosure begins with the recognition that a patient has been harmed or will potentially be harmed by an ongoing safety risk as a result of receiving or not receiving treatment or care.

8.2. The Assessment process is:



8.3. The patient is requested to put in an incident report directly to a staff member in writing, using the Open Disclosure Patient Form and Questionnaire completed with a member of the Therapeutic team.

8.4. A member of the CEO/DON/GM or delegate will then review the disclosure and communicate with the relevant parties required.

8.5. Low level of response may include examples such as minor medication errors without lasting harm, delays in care causing minimal impact, minor injuries. Low level responses may involve having informal discussions, expression of regret as well as documentation of communication.

8.6. High level of response may include examples such as serious self-harm incidents, suicide attempts, sentinel events, significant medication related harm, unexpected transfer to hospital, Unexpected death, significant privacy breaches. High level responses require formal Open Disclosure processes and executive oversight.

9. Worker Responsibility

All employees and management are required to understand their responsibility in the chain of open disclosure actions, which include:

Employee	First Response – the process for review and investigation into the incident • Ensure immediate safety is maintained • Clinical escalation protocols are followed • Incident report paperwork completed and documented in CareRight and RiskClear • Notification of incident to Manager for identification of need of Open Disclosure Manager: • First Response is to review the documentation and incident report • Interview staff and patient • Follow required open disclosure process (as below)
Manager	Contact – the process of notification
Manager	Act – what is the process and the associated task
Manager	Record – which is the documentation processes aligned with the recording of the event.

10. Associated Policies/Processes

- Clinical Governance Policy
- Credentialing Policy
- Consumers as Partners Policy
- Incident Reporting
- Open Disclosure Training
- Open Disclosure – Clinical Pathway Form
- Open Disclosure Questionnaire

11. Documentation Requirements

11.1. Documentation should include:

- Date and time of meetings
- Participants present
- Information disclosed
- Apology provided
- Questions raised
- Support offered
- Agreed Actions
- Follow up arrangements

11.2. Documentation should be completed within the patients Electronic Medical Record and Incident Management System.

12. Patient and Family Support

12.1. Patient and support persons should be offered:

- Support person attendance
- Interpreter services if required
- Cultural supports

- Counselling support
- Information regarding complaints pathways.

13. Staff support

13.1. Staff involved in incidents may experience distress and should be appropriately supported. Support may include clinical supervision, debriefing, Employee Assistance Programs, Peer Support and Management support. Arrow Health aims to promote a just culture that supports learning and continuous improvement.

14. Breach of this Policy

14.1. All workers are required to comply with this policy as amended from time to time.

14.2. Any breach of this policy may result in disciplinary action, up to and including termination of employment or engagement with the Company.