

	Document number	POL-OPR-0XXX
	Issue Status	Rev: V1
	Date of Issue	January 2021
	Document Name	Open Disclosure Policy
	Document Site	Arrow Health Policies

## 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.

### 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. Open disclosure is:

- A patient’s and consumer’s right
- A core professional requirement of ethical practice and an institutional obligation
- A normal part of an episode of care should the unexpected occur, and a critical element of clinical communications
- An attribute of high-quality health services and an important part of health care quality improvement.

2.3. 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.

### 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*<sup>1</sup> as well as the NSQHS standards. 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. Open disclosure framework

4.1. 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.

4.2. 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.

4.3. 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.

<sup>1</sup> <https://www.safetyandquality.gov.au/our-work/open-disclosure/the-open-disclosure-framework>

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**Acknowledgment** - health services are to acknowledge when an adverse event has occurred as soon as practicable, and to initiate the open disclosure process.

**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.

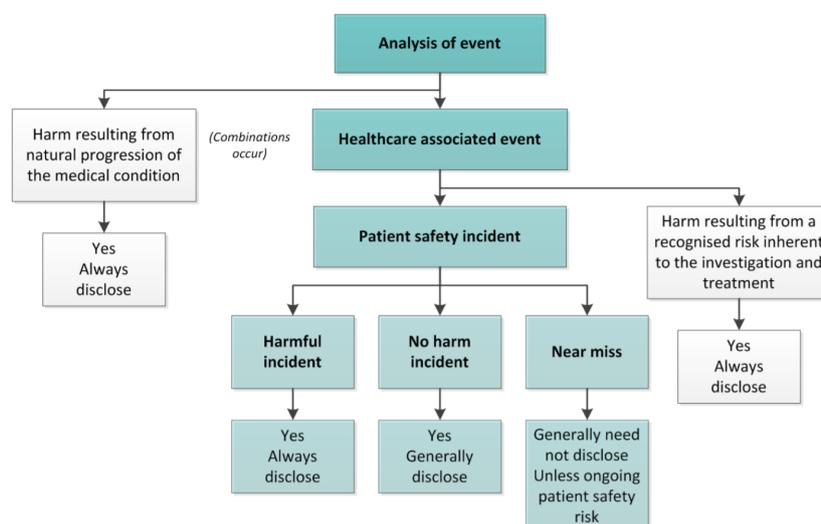
**Confidentiality** - health services are to develop policies and procedures with full consideration of consumer and staff privacy and confidentiality, and in compliance with relevant law, including Commonwealth and state or territory privacy and health records legislation.

## 5. Outcome

- 5.1. 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.
- 5.2. The CEO/DON/Nurse Practitioner 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.
- 5.3. 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.

## 6. Assessment

- 6.1. 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.
- 6.2. The Assessment process is:



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- 6.3. 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.
- 6.4. A member of the CEO/DON/Nurse Practitioner or delegate will then review the disclosure and communicate with the relevant parties required.

**7. Associated Policies/Processes**

- Clinical Governance Policy
- Credentialing Policy
- Consumers as Partners Policy
- Open Disclosure Training

**8. Breach of this Policy**

- 8.1. All workers are required to comply with this policy as amended from time to time.
- 8.2. Any breach of this policy may result in disciplinary action, up to and including termination of employment or engagement with the Company.