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Date Approved: 20/10/2019

Executive Committee: Approved

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Description: Safety and quality systems are integrated with governance processes to enable organisations to actively manage and improve the safety and quality of health care for patients.

Purpose:

Habitat Therapeutics:

- Uses an open disclosure program that is consistent with the Australian Open Disclosure Framework
- Monitors and acts to improve the effectiveness of open disclosure processes
- Follows Australian Open Disclosure Framework

Intent: An open disclosure process is used to enable the health service and clinicians to communicate openly with patients following unexpected healthcare outcomes and harm.

Key Tasks:

- Adopt and implement the Australian Open Disclosure Framework in a way that reflects the context of service provision
- Ensure that members of the workforce who will be involved in open disclosure are trained
- Periodically conduct audits that focus on the management of clinical incidents and consistency with regards to the Australian Open Disclosure Framework.

Policy:

Habitat Therapeutics aligns itself with National Open Disclosure Standards and replicates these in our service. Open Disclosure involves discussing incidents that have occurred, affecting patient safety with staff, patients and their families.

Open disclosure is described within the Australian Open Disclosure Framework as:

An open discussion with a patient about an incident(s) that resulted in harm to that patient while they were receiving health care. The elements of open disclosure are an apology or expression of regret (including the word ‘sorry’), a factual explanation of what happened, an opportunity for the

patient to relate their experience, and an explanation of the steps being taken to manage the event and prevent recurrence.

Open disclosure is:

- A patient and consumer right
- An essential professional requirement and institutional obligation
- A normal part of an episode of care should the unexpected occur
- An attribute of a high-quality service organisation and an important part of healthcare quality improvement.

Habitat Therapeutics encourages our entire workforce to adopt open disclosure standards by supporting them through training in open disclosure and encouraging reporting of incidents which effect patient safety. Our organisation also ensures all clinical staff have access to open disclosure frameworks at the point of care in electronic and hardcopy.

Our open disclosure program is supported by the Management Team through:

- Adopting the Australian Open Disclosure Framework
- Ensuring that enough resources are allocated to support implementation of the framework
- Ensuring that the responsibility for implementing the framework is allocated to an individual or committee
- Ensuring that there is a system in place for monitoring compliance with the framework; all variations from the framework should be investigated and addressed
- Reviewing regular reports on open disclosure to ensure that the principles and processes of the framework are met
- Leading a 'just culture' marked by openness and constructive learning from mistakes

All staff have access to reporting patient harm events through our quality management systems, which are reviewed. They are investigated by trained staff and involve reporting or injured members of the workforce. Outcomes will be discussed at staff meetings and or with the patient. Habitat Therapeutics is committed to quality improvement and change management as required. This includes change to policy, procedure or protocols which are reviewed when implemented.

The Open Disclosure Framework has eight guiding principles:

1. Open and timely communication

If things go wrong, the patient, their family and carers are provided with information about what happened in a timely, open and honest manner. The open disclosure process is fluid and will often involve the provision of ongoing information.

2. Acknowledgement

All adverse events are discussed with the patient, their family and carers as soon as practicable. Health service organisations should acknowledge when an adverse event has occurred and initiate open disclosure.

3. Apology or expression of regret

As early as possible, the patient, their family and carers should receive an apology or expression of regret for any harm that resulted from an adverse event. An apology or expression of regret should include the words 'I am sorry' or 'we are sorry', but must not contain speculative statements, admission of liability or apportioning of blame (see Section 1.5 of the Australian Open Disclosure Framework).

4. Supporting, and meeting the needs and expectations of patients, their family and carers

The patient, their family and carers can expect to be:

- fully informed of the facts surrounding an adverse event and its consequences
- treated with empathy, respect and consideration
- supported in a manner appropriate to their needs

5. Supporting, and meeting the needs and expectations of those providing health care

Health service organisations should create an environment in which all staff are:

- Encouraged and able to recognise and report adverse events
- Prepared through training and education to participate in open disclosure
- Supported through the open disclosure process

6. Integrated clinical risk management and systems improvement

Thorough clinical review and investigation of adverse events and adverse outcomes should be conducted through processes that focus on the management of clinical risk and quality improvement. Findings of these reviews should focus on improving systems of care and be reviewed for their effectiveness. The information obtained about incidents from the open disclosure process should be incorporated into quality improvement activity.

7. Good governance

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Open disclosure requires good governance frameworks, and clinical risk and quality improvement processes. Through these systems, adverse events should be investigated and analysed to prevent them recurring. Good governance involves a system of accountability through a health service organisation’s senior management, executive or governing body to ensure that appropriate changes are implemented, and their effectiveness is reviewed. Good governance should include internal performance monitoring and reporting.

8. Confidentiality

Policies and procedures should be developed by health service organisations with full consideration for patient and clinician privacy and confidentiality, in compliance with relevant law (including Commonwealth, state and territory privacy and health records legislation). However, this principle needs to be considered in the context of Principle 1: Open and timely communication.

(Australian Commission on Safety and Quality in Health Care (2013), Australian Open Disclosure Framework. ACSQHC, Sydney)

The Clinical Workforce are Trained in Open Disclosure Processes

Habitat Therapeutics ensures all staff are aware of open disclosure frameworks through our orientation/induction process of all new staff and returning staff. Open disclosure is a mandatory training element within our organisation which is completed on a yearly basis.

All staff training is recorded within the training register of the quality management system ensuring all staff and trainers are notified when staff are due specific mandatory and work place training.

Staff with the responsibility to review incidents where patient safety has been affected are trained to encourage the best possible staff and patient outcome. Habitat Therapeutics follows the Australian Open Disclosure Framework process for reviewing an adverse event:

Detecting and assessing incidents

- Detect adverse event through a variety of mechanisms
- Provide prompt clinical care to the patient to prevent further harm
- Assess the incident for severity of harm and level of response
- Provide support for staff
- Initiate a response, ranging from lower to higher levels
- Notify relevant personnel and authorities
- Ensure privacy and confidentiality of patients and clinicians are observed

Signalling the need for open disclosure

- Acknowledge the adverse event to the patient, their family and carers including an apology or expression of regret
- A lower-level response can conclude at this stage
- Signal the need for open disclosure
- Negotiate with the patient, their family and carers or nominated contact person
 - The formality of open disclosure required
 - The time and place for open disclosure
 - Who should be there during open disclosure
- Provide written confirmation
- Provide a health service contact for the patient, their family and carers
- Avoid speculation and blame
- Maintain good verbal and written communication throughout the open disclosure process

Preparing for open disclosure

- Hold a multidisciplinary team discussion to prepare for open disclosure
- Consider who will participate in open disclosure
- Appoint an individual to lead the open disclosure based on previous discussion with the patient, their family and carers
- Gather all the necessary information
- Identify the health service contact for the patient, their family and carers (if this is not done already)

Engaging in open disclosure discussions

- Provide the patient, their family and carers with the names and roles of all attendees
- Provide a sincere and unprompted apology or expression of regret including the words 'I am sorry' or 'we are sorry'
- Clearly explain the incident

- Give the patient, their family and carers the opportunity to tell their story, exchange views and observations about the incident and ask questions
- Encourage the patient, their family and carers to describe the personal effects of the adverse event
- Agree on and record an open disclosure plan
- Assure the patient, their family and carers that they will be informed of further investigation findings and recommendations for system improvement
- Offer practical and emotional support to the patient, their family and carers
- Support staff members throughout the process
- If the adverse event took place in another health service organisation, include relevant staff if possible
- If necessary, hold several meetings or discussions to achieve these aims

Providing follow-up

- Ensure follow-up by senior clinicians or management, where appropriate
- Agree on future care
- Share the findings of investigations and the resulting practice changes
- Offer the patient, their family and carers the opportunity to discuss the process with another clinician (e.g. a general practitioner)

Completing the process

- Reach an agreement between the patient, their family and carers and the clinician, or provide an alternative course of action
- Provide the patient, their family and carers with final written and verbal communication, including investigation findings where deemed required
- Communicate the details of the adverse event, and outcomes of the open disclosure process, to other relevant clinicians
- Complete the evaluation surveys

Maintaining documentation

- Keep the patient record up to date
- Maintain a record of the open disclosure process using incident form
- File documents relating to the open disclosure process in the patient record
- Provide the patient with documentation throughout the process

(Australian Commission on Safety and Quality in Health Care (2013), Australian Open Disclosure Framework. ACSQHC, Sydney.)

Key Principles of Open Disclosure for Habitat Therapeutics:

- Openness and timeliness of communication
- Acknowledgement of the incident
- Expression of regret/apology
- Recognition of the reasonable expectations of the patient and their support person
- Support for staff
- Confidentiality

Open Disclosure Discussion

Habitat Therapeutics ensures the word “sorry” is effectively utilised within all discussions with clients when issues arise in their care, together with a factual explanation of what has happened, the on-going effects (if any) and the provision of information supporting our discussion. All clients are treated with empathy, honesty and transparency in a timely manner.

Our organisation’s clients have the opportunity to convey their experiences ensuring they have input into finding a resolution to the issue. Similarly, our workforce is also supported through related client incidents and Habitat Therapeutics is committed to providing the right environment, resources and culture to guide our workforce through any issue when it arises.

We recognise open disclosure as the right thing to do, as it strengthens the relationships and confidence between the client and the organisation to continue being involved in their care. The organisation allocates all open disclosure issues to the Management Team in the first instance, with Board of Directors’ oversight of each episode if they occur. The Management Team have the role and responsibility to implement the open disclosure process when incidents occur. Habitat Therapeutics follows the Australian open disclosure process to guide our Management Team and workforce at times when needed from implementing the process to reviewing the process.

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Habitat Therapeutics audits clinical incidents to determine if the open disclosure process should have been implemented, ensuring all clinical incidents are thoroughly acknowledged. Our workforce is orientated in the organisation’s open disclosure framework and process, with on-going training on a yearly basis. We also ensure members of the Management Team are included in the training together with Board of Directors.

Our organisation formalises all reporting in open disclosure and ensures these are escalated to our Board of Directors’ who maintain records of open disclosure incident outcomes and recommendations. We then follow our quality framework to ensure we maintain effective governance.

Measurement

Related Procedures:

Related Evidence: Audits, Policy book, risk and complaints register

Documents: Open disclosure policy and print outs accessible in nurses station.

Training: Ongoing internal.

Orientation: Open disclosure induction, staff signed off.

On-going Training: Open Disclosure discussion at all Staff meetings and record of minutes

Training presentations: Open Disclosure training and attendance of same signed.

Attendance records: As above

Committee and meeting records: Record of minutes

Committee membership and committee terms of reference:

Agenda papers, minutes or actions arising from a meeting:

Dashboard reports:

Committee correspondence and reports submitted to a committee:

Audit: Audit of all registers

Survey instruments, forms and tools used to conduct audits:

Analysis of data collected:

Reports on audits conducted:

Documents showing that audit results are benchmarked:

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