

Open Disclosure

POLICY AND PROCEDURE

Purpose

Open disclosure is the process of providing an open, consistent approach to communicating with the client, their guardian, support person or advocate following a patient related incident.

Scope

The Open Disclosure Policy is part of Subee's organisational and clinical governance. All staff employed at Subee should be aware of and are expected to work within the open disclosure policy and procedure.

Definitions

The Australian Open Disclosure Framework defines open disclosure as open discussion with the patient, and their family and carer(s) about adverse events that result in harm to the patient while receiving health care.

The elements of open disclosure are:

- an apology or expression of regret, which should include the words 'I am sorry' or 'we are sorry'
- a factual explanation of what happened
- an opportunity for the patient to relate their experience
- a discussion of the potential consequences of the adverse event an explanation of the steps being taken to manage the adverse event and prevent recurrence

Principles

Open disclosure is:

- a patient and consumer right
- a core professional requirement and 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 healthcare provision and important part of healthcare quality improvement.

Open disclosure promotes the provision of:

- well designed, high quality and accessible care
- care that is relevant and supportive
- care that is clinically and culturally safe and that is client focused
- a safe and healthy working environment

Procedure

The open disclosure procedure forms part of the incident management policy and the clinical governance framework

If care doesn't go to plan, the client should be provided with information about what happened in a timely, open and honest manner.

The client has a right to involve a representative, advocate or anyone they feel comfortable with in the disclosure process.

The open disclosure process is fluid and will often involve the provision of ongoing information.

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All adverse events should be acknowledged to the client as soon as practicable, and open disclosure initiated.

The client should receive an apology or expression of regret as soon as possible with the words 'I am sorry' or 'we are sorry', but must not contain speculative statements, admission of liability or apportioning of blame.

Open disclosure can assist clients to speak up about how or in what ways the incident affected them. Subee is open to suggestions from the client how to resolve the issue.

All incidents are managed as per the Subee Incident management policy.

All staff directly involved in an incident or who witness an incident that has caused harm or has the potential to cause harm are obliged to report the incident.

Failure to report an incident may result in disciplinary action.

An incident that causes harm or has the potential to cause harm to a client is reported to the Team Leaders and General manager (GM) as soon as possible after the incident.

This may be done through a service co-ordinator or directly to management.

The incident is managed according to the nature and seriousness of the incident.

The incident is reported as per the Subee Incident Reporting procedure and the circumstances reported in the client's file.

The GM determines the required level of response based on the seriousness of the incident.

A high-level response (formal open disclosure) is required when the incident has caused death or serious harm or is likely to cause permanent or debilitating injury or ongoing problems.

A general response (clinical open disclosure) is required when the consequence/s of the incident is/are minor. A general response can be escalated to a high-level response at any stage if required.

Legal considerations should not inhibit implementation and practice of open disclosure.

Indemnity insurers however should be notified.

Feedback is provided to the client, their guardian or advocate and staff. The clients should be fully informed of the facts surrounding an adverse event and its consequences, treated with empathy, respect and consideration.

If a high-level response is required, the GM appoints and oversees the necessary response team to develop the response plan; communicate with and support the client and/or support person; and communicate with and support the staff involved.

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The Quality Manager documents the response plan in the patient file and on Visual care incident register.

If a general response is required, the Quality Manager communicates with the client and/or support person directly.

The Quality Manager investigates the root cause of the incident and provides recommendations for improvement to the Management Review Meeting. The information attained about incidents from open disclosure should be incorporated into these meetings.

Review of adverse events occur monthly by Quality Manager and are reported monthly at Management/Quality Meeting to prevent recurrence, enable lessons to be learnt and the quality of care to be improved.

Improvement actions decided at the Management and/or Quality Meeting are implemented within an appropriate timeframe depending on the severity of the incident Clients and their support persons are provided with ongoing support as required in a manner appropriate to their needs and culture.

Staff similarly are provided with ongoing support as required to their needs and culture. Full consideration should be given to client and clinician privacy and confidentiality in compliance with relevant law.

Relevant Policies

Code of Conduct Policy

Client Rights and Responsibility Policy

Dignity and Respect

Incident Management Policy

Complaints and Feedback Policy

Clinical Governance Policy

Confidentiality and Privacy Policy

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