

Open Disclosure

PURPOSE

To inform staff and contractors the purpose and procedure of Open Disclosure at PASO Infusion Centre.

SCOPE

This policy applies to all staff and contractors at PASO Infusion Centre.

POLICY

- **Open Disclosure must occur with the full knowledge of the PASO Infusion Centre Chief Medical Director**
- **Clinical Staff must all have completed a once off training in Open Disclosure**
- **Visiting Medical Officers are to be given a copy of the PASO Infusion Centre Open Disclosure**
- **Acts of Open Disclosure are to be recorded in the patient medical record**
- **If an error has occurred, patients and carers should be given information about the error and the error acknowledged as soon as practicable**
- **Patients and carers should receive an apology if an error has occurred**
- **Apologies must not include an admission of liability or blame**
- **During an open disclosure process patients and carers are to be supported and treated with empathy and respect**
- **All incidents resulting in Open Disclosure will be reviewed at the Quality and Safety Committee**
- **Patient, carer and staff confidentiality must be maintained during the Open Disclosure process**
- **There are circumstances that exist where the risk of disclosure outweighs the benefit to the patient. Any decision not to disclose in these circumstances is taken in consultation with and on the medical advice of the private treating doctor.**
- **Who should disclose to the patient/carers is determined by the circumstances under which the need to make the disclosure arise and the respective roles and responsibilities of the Visiting Medical Officer and PASO Infusion Centre**
- **If the circumstance giving rise to the disclosure is 100% the responsibility of the private Visiting Medical Officer, then he or she makes the disclosure**
- **If the circumstance giving rise to the disclosure is 100% the responsibility of PASO Infusion Centre then the Director of Nursing or Chief Medical Director makes the disclosure**
- **If responsibility is uncertain or not agreed or is shared between the Visiting Medical Officer and PASO Infusion Centre then it is both parties can make the Open Disclosure**

PROCEDURE

Prior to Open Disclosure:

- Identify that a procedure has taken place and then notify the Director of Nursing and the Chief Medical Officer for further advice
- Whilst determining whether open disclosure is required consider the consequences of the event and if there is harm to the patient that is outweighed by the benefit of disclosure
- Consider how quickly Open Disclosure is required

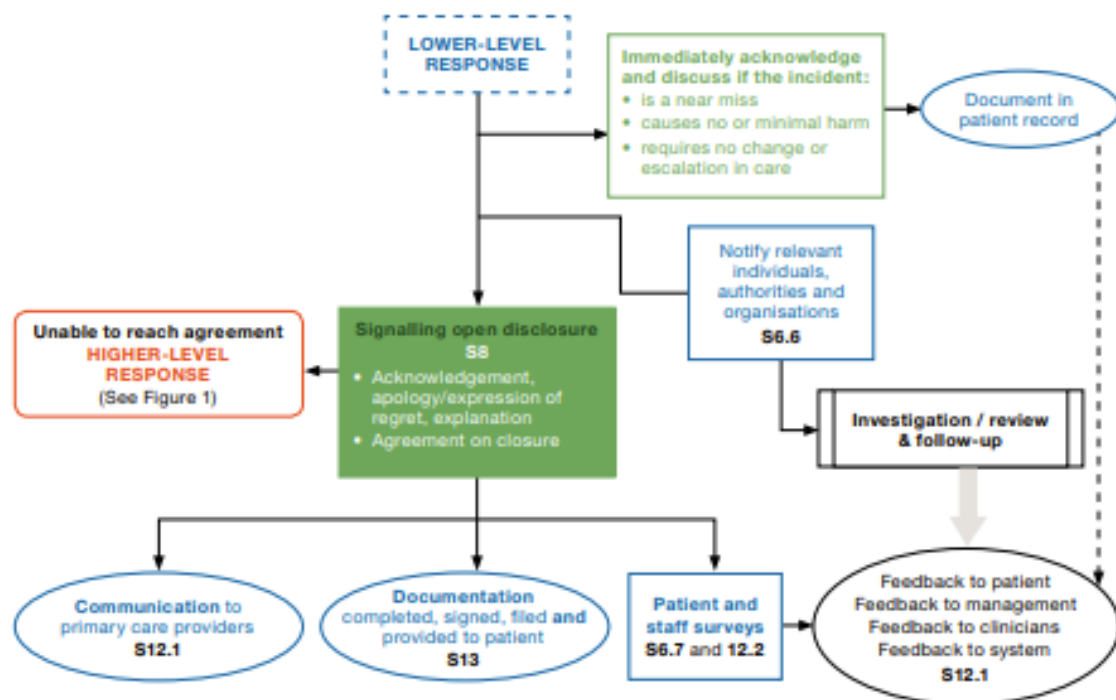
Open Disclosure

- Give factual information regarding the incident
- Apologise for the incident
- Allow an opportunity for the patient and carer to discuss their experience
- Inform the patient and carer what processes are underway to prevent recurrence and what investigations are underway

Follow Up

- Keep in regular contact with the patient until the issue is resolved
- Review the incident at the Medical Advisory Committee
- Ensure documentation is completed in the patient medical record including who made the disclosure and what time and who was present

Lower-Level Incident and Response:



INCIDENT DETECTED S7

Harm unclear: continue investigation and discussions until clarified **S7**

Criminal or intentionally unsafe act: refer to disciplinary guidelines **S2.8 and S3.2**

Assessment and determination of level of response (in dialogue with patient and support persons) S7

Higher-Level Response^A

Lower-Level Response^B (See Figure 2)

Notify relevant individuals, authorities and organisations S6.6

Investigation / review

Signalling open disclosure S8

Preparation and team discussion S9

Open disclosure discussions S10

- Acknowledgement, apology/ expression of regret, explanation, patient experience, potential consequences
- Agreement on plan for care, ongoing support and restorative action
- Avoid speculation and apportioning blame

Follow-up S11

- Ongoing dialogue (can take place over several meetings)
- Team review/discussion throughout

Completing the process S12

Parties satisfied and ready to finalise

Unable to reach agreement: engage mediator/facilitator or refer to external agency **S4.4.5**

Where possible, these staff should participate in open disclosure

Information arising from open disclosure communication used to support investigation

Investigation recommendations fed back to patients

Communication to primary care providers S12.1

Documentation completed, signed, filed and provided to patient S13

Patient and staff surveys S6.7 and 12.2

**Feedback to patient
Feedback to management
Feedback to clinicians
Feedback to system S12.1**

INCIDENT INVESTIGATION PROCESS

A General indications – higher-level response:

- Death or major permanent loss of function
- Permanent or considerable lessening of body function
- Significant escalation of care / change in clinical management
- Major psychological or emotional distress
- At the request of the patient **S7.3**

B General indications – lower-level response:

- Near miss / no-harm incident
- No permanent injury
- No increased level of care required
- No, or minor, psychological or emotional distress **S7.3**

REFERENCES

- Australian Open Disclosure Framework: Australian Commission on Safety and Quality in Healthcare (2013)
- Open Disclosure Principles, Elements and Process: Australian Commission on Safety and Quality in Healthcare (2013)
- Saying Sorry, A guide to apologising and expressing regret during open disclosure: Australian Commission on Safety and Quality in Healthcare (2013)