C.09 Open Disclosure Policy

REVIEWED: MAY 2021

Exceptional care

C.09 Open Disclosure Policy

Open disclosure is the open discussion with a client and/or their support person(s) about incidents that resulted, or could have resulted, in harm to a client or resident while receiving care.

Mercy Services is committed to creating a positive culture of trusted and productive communication between residents, clients, support persons and the workforce, in which open disclosure is standard practice. This policy forms part of our broader organisational incident management system.

The purpose of this policy is to:

- Enable Mercy Services to communicate openly with residents, clients, and their support person(s) when an adverse event occurs;

- Ensure that communication with, and support for all affected residents, clients, volunteers and staff, occurs in a supportive and timely manner;

- Provide a framework for open disclosure that establishes a standardised approach to open disclosure across and adheres to the principles of the Australian Open Disclosure Framework.

Record of policy development		
Version	**Date approved**	**Date for review**
	04/05/2021	04/05/2023

Responsibilities and delegations	
This policy applies to	Board, staff and volunteers
Specific responsibilities	CEO, Facility Manager, Head of Home & Community Care, Head of Community Transport and AOD Manager
Policy approval	Risk & Continuous Improvement Committee

Policy context – this policy relates to:	
Standards	NDIS Practice Standards Aged Care Quality & Safety Standards
Legislation	N/A
Contractual obligations	N/A
Organisation policies	Client Safeguarding Policy & Principals
Forms, record keeping, other documents	Open disclosure meeting planning and preparation template

Definitions

Adverse event: is any event or circumstance which resulted in unintended and/or unnecessary psychological or physical harm to a client or resident patient during an episode of care.

Harm: is impairment of structure or function of the body and/or any harmful effect arising from an incident including disease, injury, suffering, disability and death. Harm may be physical, social or psychological.

Near miss: is an incident that did not cause harm but had the potential to do so.

No-harm incident: means an incident where the client or resident was exposed, but where no harm resulted.

Procedures

Scope of policy

This policy applies to all communications with residents, clients and their support persons following harm from an adverse event, no-harm incidents, or near misses across all areas of Mercy Services.

This policy is a supporting policy of the Client Safeguarding Policy and principles.

While the policy focuses on adverse events, the harm suffered by a resident or client it does not have to be serious or permanent for open disclosure principles to apply.

Open disclosure: key elements

Open disclosure consists of five key elements, which are:

1. An apology;
2. A factual explanation of what happened;
3. An opportunity for the client to share their experience;
4. A discussion of the potential consequences; and
5. An explanation of the steps being taken to manage the incident and to prevent recurrence.

In addition to these core elements, open disclosure includes:

- Acknowledging to the resident or client and their support persons(s) when things have gone wrong;
- Listening and responding appropriately when the resident, client, or their support person(s) express their concerns or feelings;
- The opportunity for the client and/or their support person(s) to ask questions; and
- Providing support to clients and/or their support persons(s), as well as workers, to cope with the consequences of an incident.

Open disclosure may involve one discussion, or a series of interactions. The duration of the process will depend on the severity and nature of the incident, the needs of the client and/or their support person(s), how the investigation into the incident progresses, and whether the client has any ongoing care needs as a result of the incident.

Any open disclosure should follow the 'Open disclosure meeting planning and preparation template.

Open disclosure: when to disclose

When a **harmful incident occurs**, Mercy Services must inform the resident, client and/or their support person(s). This may include harm from an outcome of an illness or its treatment that did not meet the resident, client or staff member's expectations, or harm resulting from a risk inherent to treatment.

When a **no-harm incident** has been identified, Mercy Services will generally inform the resident or client and/or their support person(s). Even though no harm may be immediately apparent, there may be a chance of an ongoing resident or client safety risk, or their support person(s) may be aware that some kind of mistake or incident has occurred.

For a **near miss incident,** disclosure is discretionary, and is based on whether Mercy Services feels the resident or client would benefit from knowing. This could include situations where there is an ongoing safety risk to the client. Not all near miss incidents require open disclosure, for example, if disclosure may result in distress to clients or their support person(s).

Near miss incidents must be recorded in the incident management system.

Promoting a culture of open disclosure

Mercy Services commits to the following key actions, and will ensure that all workers are trained and supported to implement these actions. Implementation of these actions will contribute to successful open disclosure:

- Establishing good rapport and relationships with residents or clients, as well as their support persons, from the outset of their care;
- Ensuring that informed consent is obtained, and that the resident or client has reasonable expectations prior to receiving the care, treatment or procedure;
- Accurately communicating the potential risks involved in the procedure or in care generally;
- Acknowledging an unexpected event as close to the occurrence of the event as possible, even if further investigation is needed;
- Refraining from speculating on the causes of an incident, making unrealistic promises, or attributing blame;
- Remaining respectful to the client, their support persons, and other workers at all times;
- Communicating compassion and remorse when talking with residents or clients; and
- Listening actively to residents or clients during disclosure of discussions and being conscious of body language.

Open disclosure: process

Mercy Services will follow the below process when implementing open disclosure.

1. Identification if open disclosure is required is established following the assessment of an incident that has been reported and assessed by the Quality Clinical & safety Advisor.
2. The Quality Clinical & Safety Advisor will consult the CEO to establish if Open Disclosure is required.
3. If Open Disclosure is required the *'Open disclosure meeting planning and preparation template' will be used'*

Legal liability & precautions

Open disclosure does not, of itself, create legal liability, and acknowledgment of an adverse event is not the same as an admission of liability**.** However, it is important that staff use the language of apology, concern, and regret without apportioning blame or admitting liability.

Staff at Mercy Services will take care not to:

- State or agree that they are liable for harm caused to a client;

- State or agree that another staff member is liable for harm cause to the resident or client;

- State or agree that Mercy Services is liable for the harm caused to a client.

Examples of language that may be useful includes:

"I am very sorry this has happened."

"I am sorry that this hasn't turned out as expected."

Responsibility for implementation, compliance monitoring and continuous improvement
The following management positions are responsible for implementation and compliance monitoring of the open disclosure policy in their work areas:

- Quality Clinical & Safety Advisor
- Head of Home & Community Care
- Head of Community Transport
- Manager AOD & family Services
- Clinical Manager
- Facility Manager
- Chief Executive Officer

Staff support and training
Workers may be affected by being involved in an incident, and may require emotional support and guidance in the aftermath of the incident.

To support staff, Mercy Services will implement the following measures:

This may include any of the following:

- Providing advice and training on the management of incidents, communication skills, and the need for practical and psychological support;
- Informing staff on adverse events and relevant advice, through means such as:
  o Electronic messages to all staff
  o Verbal reporting and discussions at staff meetings and shift handovers
  o Clinical risk handbooks
  o Newsletters
  o Noticeboards;
- Promote an environment that encourages peer support and discourages the attribution of blame;
- Have formal support processes and provide facilities for debriefing for those involved in an incident;
- Provide information on the support systems available for workers who are distressed by an incident (e.g. Clinical Advisory Council, Client Advisory Council, Residents and Relatives Meeting, Health & Safety Committee professional and collegiate associations and trade unions, health service counsellors, employee assistance program, referral to specialised mental health care where appropriate); and
- Encourage timely consultation with support systems.

VERSION CONTROL AND CHANGE HISTORY

Version	Date Reviewed	Amendments
1.0	23.8.2019	Policy reviewed and accepted by RCI
2.0	27.8.2019	Minor adjustments
3.0	26.3.2021	Header, Footer and Version Control added to document
4.0	4.5.21	Page 1 Change 'Residential Manager' to Facility Manager Page 5 Change Facility Services Manager to Facility Manager

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