



Organisation Management

C.09 Open Disclosure Policy

REVIEWED: March 2024

C.09 Open Disclosure Policy

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	Policy Changes
1.0	23/08/2019	Policy reviewed and accepted by RCI
2.0	27/08/2019	Minor adjustments
3.0	26/03/2021	Header, Footer and Version Control added to document.
4.0	04/05/2021	Page 1 Change 'Residential Manager' to Facility Manager Page 5 Change Facility Services Manager to Facility Manager.
5.0	26/03/2024	Reviewed in line with the Act and formatting adjustment made.

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 Australian Open Disclosure Framework
Legislation	N/A
Contractual obligations	N/A
Organisation policies	A.03 Code of Conduct C.05 Quality Improvement C.06 Risk Management C.13 Incident Management E.08 Complaints E.23 Safeguarding E.27 Whistleblowing
Forms, record keeping, other documents	C.09a 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 during the provision 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 physical or psychological harm resulted.

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.

Link with Mercy Services Values

This policy aligns with the following Mercy Values in its implementation and practice:

Care

In articulating an open and inclusive approach to practice, this policy creates a context of compassion with actions demonstrating a kind-hearted spirit while acknowledging, valuing, and advocating for a person's health and protection as a resident or client including when an adverse event occurs.

Respect

This policy promotes respect for the dignity of each individual through its emphasis on openness, integrity and honesty in our practice. It aims to respect a resident/client's and their families right to factual explanations and prompt response to an adverse event.

Unity

This policy promotes unity through creating a partnership with clients, residents, and their representatives. We aim to ensure harmony and bondedness promotes progress in our Mission of working together to uphold the interests of those within our service, despite the challenges faced.

Scope

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 Safeguarding Policy and Mercy Services Code of Conduct & its Values.

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. Mercy Services is committed to remaining transparent, honest, and compassionate when dealing with our clients and residents.

Principles

Open disclosure: principles

Open disclosure is centred on four principles, which are:

1. Dignity and respect – considering the needs and requirements of those clients/residents or others involved in open disclosure promoting self-worth and recognition.
2. Privacy and confidentiality – addressing information with prudence, respecting how information is described and what individuals might want disclosed about them.
3. Transparency – providing open, honest, and clear information.
4. Continuous quality improvement – using open disclosure to improve organisational practices or identify areas for enhancement.

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:

- Identifying when things go wrong, including:
 - acknowledging to the client and their support person(s) when things have gone wrong;
 - listening and responding appropriately when the client, or their support person(s) express their concerns or feelings;
 - providing opportunities for the client and/or their support person(s) to ask questions; and
 - providing immediate support to clients and/or their support person(s), and workers, and addressing their needs 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, resident and/or their support person(s), how the investigation into the incident progresses, and whether the client or resident has any ongoing care needs as a result of the incident.

Any open disclosure should follow the 'C.09a 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. This can include non-treatment related incidents such as falls, provider not meeting nutritional requirements or a staff members negative language to a resident or client.

For a **near miss incident**, disclosure is discretionary, and is based on whether Mercy Services feels the resident or client would benefit or in their interest from knowing. This could include situations where there is an ongoing safety risk or chance of distress to the client or resident. Near miss incidents must be recorded as per all other incidents within the incident management framework.

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 clients, as well as their support persons, from the outset of their care.
- ensuring Mercy Services are committed to and demonstrate a culture of honesty and effective communication.
- ensuring that informed consent is obtained, and that the client/resident has reasonable expectations prior to receiving the care, treatment, or procedure.
- accurately communicating the potential risks involved in health care procedures, and care facilities.
- 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/resident, their support persons, and other workers at all times.
- communicating compassion and remorse when talking with clients/residents; and
- listening actively to clients/residents during disclosure of discussions and being conscious of body language.

Open disclosure: process

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

Step 1: Detecting and assessing incidents	<ul style="list-style-type: none"> • Immediate steps taken to prevent further harm • Initiate response • Escalate
Step 2: Signalling the need for open disclosure	<ul style="list-style-type: none"> • Acknowledge the adverse event to the client and/or support person(s) • Signal the need for open disclosure
Step 3: Preparing for open disclosure	<ul style="list-style-type: none"> • Investigation • Gather all necessary information to find out what happened
Step 4: Engaging in open disclosure	<ul style="list-style-type: none"> • Meet with the client and their support person(s) • Clearly explain the incident • Offer immediate practical and emotional support to the client
Step 5: Providing follow-up	<ul style="list-style-type: none"> • Provide feedback to the client and their support person(s) • Agree on future care
Step 6: Completing the process	<ul style="list-style-type: none"> • Reach an agreement • Provide the client with final written and verbal communication
Step 7: Maintaining documentation	<ul style="list-style-type: none"> • Maintain a record of open disclosure using the 'Open disclosure meeting planning and preparation template'. • File relevant documents in the client record
Step 8: Learn from experience and make improvements	<ul style="list-style-type: none"> • Identify how incident occurred and how the causes will be fixed • Practice a culture of continuous improvement

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/resident.
- 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/resident.

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."

Client/Resident decision making capacity

If a client/resident does not have the capacity to make decisions, an 'authorised representative' will nominate a person to be told information of an incident if the client/resident is subject to open disclosure processes. The authorised representative will be either a legal guardian or an attorney appointed under an enduring power of attorney. The authorised representative may also be a support person nominated by the client/resident.

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 through our Employee Assistance Program (EAP).
 - Informing staff, as needed, on adverse events and relevant improvement, through means such as:
 - Electronic messages to all staff
 - Verbal reporting and discussions at staff meetings and shift handovers
 - Clinical risk handbooks
 - 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 a serious incident.
 - Provide information on the support systems available for workers who are distressed by an incident (e.g. Clinical Advisory Committee, 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).
 - Encourage timely consultation with support systems.
 - Promote continuous improvement practices and experience-based learning to prevent ongoing harm or reoccurring risk incidents.