

<b>KEILOR PRIVATE</b>		
<b>MANUAL</b>	ORGANISATIONAL MANUAL	
<b>SECTION:</b>	CORPORATE	
<b>TITLE:</b>	OPEN DISCLOSURE POLICY	
<b>Policy Number:</b> OM-CO-0030	<b>Version No</b> 2	
<b>Effective Date:</b> November 2024	<b>Date of next Review:</b> November 2027	

## Policy

### **Aim:**

To establish a clear, compassionate, and transparent process for communicating with patients and their support persons following any adverse event or unexpected outcome. This policy emphasises the importance of empathy, open communication, and addressing both immediate concerns and systemic improvements to enhance patient safety and care quality.

### **Scope:**

This policy applies to all staff and doctors involved in patient care at Keilor Private Hospital.

### **Procedure:**

#### **What is open disclosure?**

Open disclosure is an ongoing, honest, and empathetic dialogue with patients and their families or support persons, initiated when an adverse event occurs, whether or not it results in harm. This process fosters trust by acknowledging what happened, exploring its causes, and communicating efforts to mitigate future risks.

The Open Disclosure Framework provides principles to address the interests of patients, support persons, staff and other key stakeholder groups.

These Include:

- 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
- Staff need for support
- Confidentiality
- Empathy and Cultural Sensitivity: Acknowledging the diverse backgrounds of patients and being culturally responsive in communication.
- Patient Involvement: Actively involving patients in discussions about their care, giving them an opportunity to ask questions, and providing relevant information to help them make informed decisions.
- Responsibility to Learn and Improve: Understanding that open disclosure is also an opportunity for system-wide improvements based on insights gained from patient feedback.

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### **The open disclosure process**

The Open Disclosure Process will commence after the detection of a clinical incident by:

- a member of staff at the time of the incident,
- when an unexpected outcome is first detected sometime after the incident
- a patient who expresses concern or dissatisfaction with their health care either at the time of the incident or at some time after the incident
- incident discovered at audit, such as clinical audit or medical records review.

Following the detection of a clinical incident, members of the clinical team must ensure that steps are taken to immediately prevent or reduce the occurrence of further suffering and harm to the patient. After any such steps have been initiated, the following measures should be implemented by the hospital:

1. Report the clinical incident to a relevant authority, in accordance with Department of Health policy
2. Notify the patient of the clinical incident and the facts that are known up to that point in time
3. Undertake an investigation of the clinical incident
4. Provide feedback to the patient
5. Develop an agreed plan for the ongoing care of the patient

### **Investigation of a clinical incident**

Investigations should be conducted with the goal of identifying systemic issues and addressing the root causes. A clinical incident may signal a serious breakdown in health care systems and requires thorough investigation and response. Any clinical incidents identified by must be appropriately investigated to determine what happened and, where possible, reduce the risk of a similar clinical incident happening again. Members of the clinical team are required to participate in any investigation that may arise from a clinical incident.

### **Undertaking the investigation process under legal privilege**

If the investigation involves legal privilege, ensure proper documentation to maintain confidentiality and adherence to legal requirements. If an investigation into a clinical incident is carried out at the request of legal advisers, the communications generated during the investigation, including the investigation report, may be subject to legal professional privilege. If a document or record is subject to legal professional privilege, that document or record is protected from disclosure unless legal professional privilege is waived.

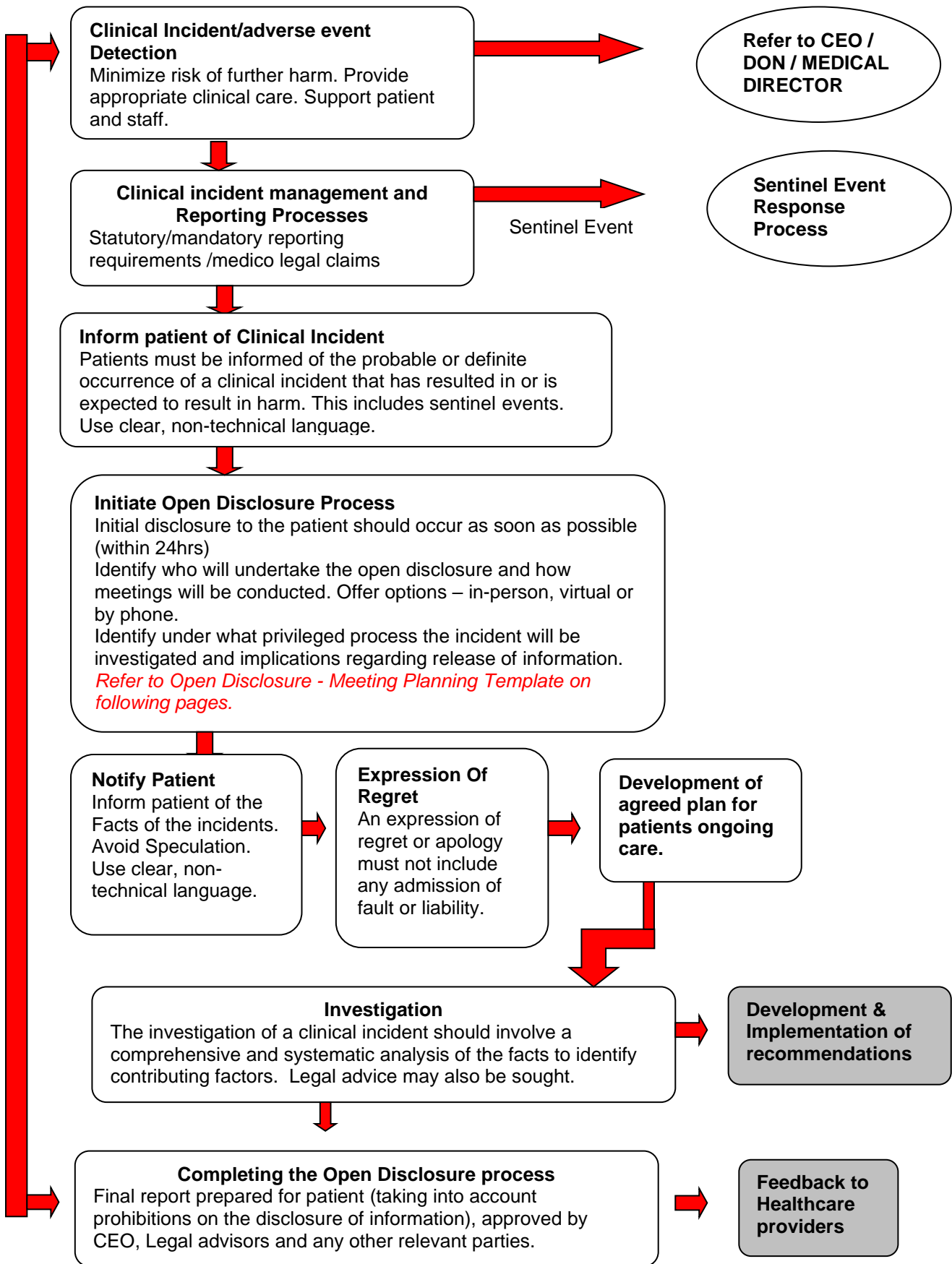
### **Critical Incident Debriefing**

Following any critical incident, a debriefing will be arranged for involved staff. Ongoing emotional and psychological support will be available, including access to EAP and peer support networks to help staff and doctors process the incident.

### **Staff Training and Competency in Incident and Complaints Management**

Staff have training at orientation which incorporates incident, complaints and open disclosure management. Part of the education program includes assessing staff with competencies based on the training received.

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## **Open Disclosure - Meeting Planning Template**

This template is designed to assist staff planning and preparing for the first open disclosure meeting. It is also intended to facilitate communication and information sharing among the healthcare team and other relevant personnel at before and during the first open disclosure meeting and throughout the subsequent open disclosure process.

### **Using the template**

All relevant information should be entered in the template and placed in the patient record or other suitable place so that it is accessible to the healthcare team. It is important that all personnel involved in the first meeting with the patient read and agree upon the contents of this document. Once the need for an open disclosure process has been recognised, the first meeting with the patient, family and carers should occur as soon as possible. Using this template will assist that process.

### **1. Data & information**

Patient's full name (including title)	
URN and date of birth	
Admission diagnosis and comments about management etc.	
Patient admission date	
Names and relationships of relevant next of kin/family/carers	
Date of incident triggering the open disclosure process	
Incident description <i>Known facts only</i>	
Incident outcome <i>Known facts only, avoid cause and effect statements</i>	
Plan for further incident management and investigation <i>(such as report to DHS Vic, Coroner)</i>	
Healthcare providers/clinicians involved in patient care <i>Include consultants, anaesthetists and others as appropriate</i>	

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## 2. First meeting

Interpreter required for patient <i>If so, provide details of language and arrangements that have been or to be made</i>	
Has the patient (if able) consented to sharing information with family members/others? <i>Give details</i>	
Has the insurer been notified? <i>Include date of notification</i>	
Date of first meeting	
Location of first meeting <i>(This could be in-person, via phone or virtual)</i>	
Patient/family/carers understanding of the incident prior to the first meeting	
Person to be responsible for note taking	
Who will be the health service contact for the patient/family/carers?	

## 3. Planning the disclosure dialogue

Nominated individual to lead the discussion	
Expected patient concerns	
Apology or expression of regret <i>Avoid speculation and apportioning of blame</i>	
Description of what happened <i>Known facts only, avoid blaming individuals and self</i>	
Listening to patient/family/carers concerns (ensure they feel listened to)	
Discussion of what will happen next <i>(such as OR, further treatment investigation into the incident)</i>	
Information to be provided about short/long-term effects	

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Information on out-of-pocket expenses and costs of ongoing care prepared with relevant parties  e.g. indemnity insurer; see Australian Open Disclosure Framework Section 4.3	
Assurance for patient/family/carers that they will be informed when further information comes to hand	
Information about further support available to the patient/family/carers	
Information provided in relation on how to take the matter further at any time  (such as internal and external complaint process. Avoid discussion about compensation without insurer consent, do not give legal advice but suggest patient seeks legal advice if information about compensation sought.)	
Next meeting date and location  <i>(This could be in-person, via phone or virtual)</i>	

#### 4. First meeting outcomes

Actual date and location of meeting  <i>(This could be in-person, via phone or virtual)</i>	
Names of all present at first meeting  <i>Include titles/position/relationship to patient etc.</i>	
Concerns expressed by patient/family/ carers including requests for further information to be supplied	
Further support personnel identified  (such as pastoral worker or social worker)	

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Responsibility for documentation of the meeting in the medical record	
Name(s) of personnel given to patient/family/carers if they have further questions prior to subsequent meetings	

### 5. Outcomes of subsequent meetings (if required)

Date and location of meeting(s) <i>(This could be in-person, via phone or virtual)</i>	
Names of all present <i>Include titles/position/relationship to patient etc.</i>	
Concerns expressed by patient/family/carers	
Further support personnel identified	
Responsibility for documentation of the meeting in the medical record	
Responsibility for providing documentation to the patient/family/carers	
Name(s) of personnel given to patient/family/carers if they have further questions prior to subsequent meetings	

### 6. Evaluation

Open disclosure survey forms provided to clinical staff	
Open disclosure process evaluated	

The template has been adapted to suit Keilor Private requirements and will be applied in conjunction with the *Australian Open Disclosure Framework* and other resources.

All national open disclosure resources can be accessed at [www.safetyandquality.gov.au/opendisclosure](http://www.safetyandquality.gov.au/opendisclosure)

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**Timeframe for review**

Three years from approval date or when evaluation indicates that significant non-compliance exists.

**Supporting documents/Documents of interest**

For further information, please refer to the Australian Commission on Safety and Quality in Health Care’s Open Disclosure Framework <http://www.safetyandquality.gov.au/our-work/clinical-governance/open-disclosure>

**Australian Open Disclosure Framework:** This is a comprehensive guide designed to help healthcare organizations manage the communication process when something goes wrong in care. The framework encourages transparency in discussing adverse events, with an emphasis on sincere apologies, explaining what happened, and steps taken to prevent similar incidents in the future

**NSQHS Standards:** The National Safety and Quality Health Service (NSQHS) Standards require healthcare organizations to have an open disclosure policy in place. This is reflected in Standard 1, Criterion 1.16, which outlines the expectations for effective open disclosure practices, ensuring organizations meet accreditation requirements

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