**Canberra Health Services**

**Procedure**

**Open Disclosure**

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| Purpose |

The purpose of this procedure is to inform staff how to manage an Open Disclosure process following an incident that could have resulted, or did result, in harm to the consumer while receiving healthcare provided by Canberra Health Services (CHS).

CHS is committed to being a health service that is trusted by our community and to help maintain this trust, we conduct Open Disclosure in accordance with the Australian Open Disclosure Framework (2014) and requirements of the National Safety and Quality Health Service Standards (second edition).

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| Scope |

This Procedure applies to all CHS staff.

As Open Disclosure is an integral part of incident management, this procedure should be read in conjunction with the *Incident Management Policy* and *Incident Management Procedure*. The Flow chart for Open Disclosure shows the close interaction with incident management during the process (see Attachment A).

The term ‘consumer/carer’ refers to a consumer, legal guardian, immediate family member, carer, or a consumer’s support person when used in this document. Consent by the consumer may be required prior to sharing of health information with family or carers. Please refer to the *Clinical Records Management Procedure* for further information.

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| Section 1 – What is Open Disclosure? |

Open Disclosure is an open conversation between CHS staff and a consumer and/or carer relating to an incident that could have resulted, or did result, in harm whilst receiving healthcare. The key elements of this conversation are:

* Offering an apology. This is an expression of sorrow, sympathy and (where applicable) remorse by an individual, group or institution for a harm or grievance. It should include the words ‘I am sorry’ or ‘we are sorry’.
* Providing the known facts and an explanation of the immediate steps being taken to manage the incident – the consumer/carer has the right to know the facts as they are available.
* Providing information on the investigation process and outcomes when they are available, including an assurance that steps that will be taken to prevent reoccurrence.

Open Disclosure is person-centred, with a focus on preventing further harm from occurring to the consumer. The Open Disclosure conversation is not a legal process and is not meant to imply blame to an individual or service. Please refer to Attachment A for a flowchart outlining the Open Disclosure process. Open Disclosure may occur over a series of meetings or conversations as the facts and information become available.

There are two levels of Open Disclosure responses, however the process always commences with Clinician (lower level) Open Disclosure and may progress to formal (higher level) Open Disclosure.

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| Section 2 – Roles and Responsibilities for Open Disclosure |

Chief Executive Officer (CEO) is responsible for:

* Overseeing Open Disclosure processes for CHS
* Championing a culture of open communication.

Chief Operating Officer (COO) is responsible for:

* Completing Open Disclosure eLearning and face-to-face experiential training
* Ensuring support is offered and provided to staff who participate in open disclosure, including opportunities to debrief
* If across multiple Divisions:
* nominating an open disclosure team if formal open disclosure has been offered and accepted by the consumer and/or carer
* participating in formal open disclosure as required
* ensuring that agreed improvements are actioned.

Executive Directors (ED) from Clinical Divisions, ED Medical Services, ED Nursing, Midwifery and Patient Support Services, ED Allied Health, Executive Group Manager (EGM), Infrastructure Health Support Services, Executive Branch Manager (EBM) Quality, Safety, Innovation and Improvement (QSII) and EGM People and Culture are responsible for:

* Completing Open Disclosure eLearning and face-to-face experiential training
* If formal open disclosure has been offered and accepted by the consumer and/or carer:
* nominating an open disclosure team
* participating in formal open disclosure as required
* ensuring that agreed improvements are actioned
* Ensuring support is offered and provided to staff who participate in open disclosure, including opportunities to debrief
* Ensuring staff are informed and have access to open disclosure eLearning.

Open Disclosure Champions are responsible for:

* Completing Open Disclosure eLearning and face-to-face experiential training
* Supporting staff to complete the Open Disclosure conversation
* Participating in the initial conversation and participating in formal open disclosure as required.

Senior clinical staff (including Directors of Nursing, Directors of Allied Health, Clinical Directors, Operations Managers and Head of Dental Health Service) are responsible for:

* Completing Open Disclosure eLearning and face-to-face experiential training
* Ensuring an incident is reported in the Riskman Incident Register and updated as required
* Ensuring that open disclosure had been offered and that the clinical record has been updated
* Notifying the relevant ED if a formal open disclosure has been offered and accepted by the consumer and/or carer
* Ensuring support is offered and provided to staff who participate in open disclosure, including opportunities to debrief
* Participating in open disclosure as required
* Updating the clinical record
* Participating in implementing change to improve services to prevent reoccurrences when required.

All clinical staff are responsible for:

* Completing Open Disclosure eLearning
* Participating in the initial conversation and participating in formal open disclosure as required
* Reporting incidents in the Riskman Incident Register as soon as practicable
* Updating the clinical record and RiskMan incident notification to reflect the initial conversation.

Managers are responsible for:

* Completing Open Disclosure eLearning
* Participating in open disclosure as required
* Ensuring an incident is reported in the Riskman Incident Register as soon as practicable
* Updating the clinical record and RiskMan incident notification to reflect the initial conversation.

Consumer Feedback Coordinators are responsible for:

* Completing Open Disclosure eLearning
* Coordinating and supporting the clinicians and open disclosure team by providing the administrative support and acting as a consumer liaison as required
* Requesting and maintaining the Administrative file throughout the process, including transcribing the meetings and drafting the final letter
* Tracking outstanding improvement commitments at conclusion of the process through to completion and providing a report to the relevant ED/COO
* Providing staff and consumers/carers with evaluation forms at conclusion of the process, when indicated
* Providing all completed evaluations to Consumer Feedback and Engagement Team (CFET), QSII.

Where a formal Open Disclosure process is required (see Sections 3 and 6), an Open Disclosure Team is formed, and a leader is nominated. Open Disclosure Team Leaders are responsible for:

* Ensuring that appropriate preparation and investigation has occurred prior to meetings
* Identifying and seeking support from other sources such as the Insurance and Legal Liaison Unit
* Updating the clinical record where necessary
* Updating the relevant ED/EGM/EBM as appropriate
* Leading the conversations and/or meetings
* Confirming suitability for the consumer/carer to be provided with an evaluation form.

QSII are responsible for:

* Coordinating Open Disclosure training
* Supporting incident reporting and investigation as per Incident Management Policy and Procedure
* Reporting on Open Disclosure recorded in the Riskman Incident register as required
* Using both consumer and staff evaluations to review the open disclosure process
* Assist quality improvement activities as required.

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| Section 3 – Detecting and assessing an incident requiring Open Disclosure |

An incident requiring Open Disclosure may be identified by a:

* Staff member whilst providing care to the consumer
* Staff member whilst reviewing an incident report in the Riskman incident register
* Consumer/carer who may speak to one of the staff providing care, or
* Consumer/carer who may contact the Consumer Feedback and Engagement Team (CFET), or other feedback mechanism, indicating that they feel that harm has been experienced whilst receiving healthcare.

As soon as harm is identified, prompt clinical care to prevent further harm must be provided to the consumer. If the treating team is not in attendance, then they should be contacted and notified of the incident.

Staff must document the incident in the consumer’s clinical record and report the incident in the Riskman Incident Register. Refer to the *Incident Management Policy and Incident Management Procedure* for further information*.*

The person who identified the incident should make an initial assessment of the incident, in consultation with a senior clinician where appropriate. This process will consider the severity of harm and whether following Clinician Open Disclosure or formal Open Disclosure response is likely to be required. The need for Open Disclosure must be documented by managers in the incident report in Riskman. The following criteria should be used to guide decision making.

**Clinician Open Disclosure**

*All Incidents (including near missesand no harm)*

This process involves an initial discussion with the consumer and/or their carer following an incident. All incidents require at a minimum, an acknowledgement of the incident and an apology or expression of regret. This discussion should commence as soon as possible, and a record of the conversation should be noted in the consumer’s clinical record. Please see Section 5 Clinician Open Disclosure for points that should be covered in the conversation.

For those incidents that result in no permanent injury, do not require increased level of care (e.g. transfer to operating theatre or Intensive Care Unit), and result in no, or minor psychological or emotional distress (i.e. incidents with an outcome rating of minor or insignificant) the Open Disclosure process may end here. Once Clinician Open Disclosure is completed the clinical incident notification should be updated in Riskman by the Manager.

Please see Attachment B, ‘Clinician Open Disclosure Checklist’ to assist in identifying the steps to be completed for the Clinician Open Disclosure discussion.

**Formal Open Disclosure**

Formal Open Disclosure is a structured process which follows on from Clinician Open Disclosure. For incidents with an outcome rating of major or extreme, a formal Open Disclosure meeting with the consumer/carer and senior/executive staff, in addition to a written response, is required to be offered to the consumer and/or carer. Examples of these incidents are those resulting in major permanent loss of function, death or significant emotional or psychological distress.

Formal Open Disclosure may occur at the request of a consumer/carer even if the outcome of the incident is not major or extreme.

If a formal Open Disclosure is required, the incident should be escalated to the relevant EDs through the divisional management structure. The formal Open Disclosure should be facilitated through CFET,QSII.

If the incident occurred whilst the consumer was receiving care by an external healthcare provider, staff should encourage the consumer/carer to contact that provider to discuss the incident. External Health care providers include other hospitals, General Practitioners, Private Allied Health professionals, community organisations, private rooms of consultants, etc. Staff should notify and discuss with their ED/EGM/EBM and manager, and where possible work collaboratively with the external provider regarding their Open Disclosure process. If staff are involved in Open Disclosure with another healthcare provider, they should only discuss the known facts of care provided by CHS.

**Relationship with Incident Management Process**

The Open Disclosure process happens in parallel with the Incident Management process (refer to Attachment A). Staff involved in the incident and the Open Disclosure must ensure an incident is reported in the RiskMan Incident Register, and is updated as required throughout the process. Information about the investigation that will occur should be given to the consumer/carer at the time of the initial Open Disclosure, and outcomes from the investigation should be fed back to the consumer/carer once finalised. The Open Disclosure should not be delayed while the investigation occurs.

It is essential to be aware that information, findings and recommendations are not able to be provided to the consumer/carer, if the investigation was undertaken by an approved Quality Assurance Committee (QAC). The Clinical Review Committee is a QAC.

**Alert:**

Staff are not to provide consumers/carers with ‘protected information’ that has been obtained by an information holder in the course of a Quality Assurance process as prescribed by the *Health Act 1993*. Such information is subject to a statutory protection and release if the information may be a criminal offence (Maximum penalty: 50 penalty units, imprisonment for 6 months or both).

If the investigation has been completed, or will be completed by a QAC, it is recommended that the relevant division undertake a separate investigation to understand how the incident occurred, and any changes that can be implemented to avoid the incident happening again. If the relevant speciality/unit’s Morbidity and Mortality committee is also a QAC, the M&M committee should not undertake the investigation either.

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| Section 4 – When Open Disclosure may be deferred or inappropriate |

**An Open Disclosure meeting may be deferred when the**:

* Consumer’s health is not conducive to participating in the discussion, or
* Consumer/carer has indicated that they are not ready to meet and would prefer a later date.

**An Open Disclosure meeting may be inappropriate when the**:

* Consumer/carer has declined the offer to meet
* Consumer is incapacitated or has died, and no nominated support person or authorised representative has been identified, or
* Consumer is incapacitated or has died and the nominated support person(s) or next of kin is incapacitated or unavailable.
* The clinical team and relevant divisional executive determine that the specific circumstances of the incident mean open disclosure is not required.

If Open Disclosure is deferred or inappropriate, verification by the relevant ED who has not been involved in the clinical care of the consumer, should be sought. The decision to not proceed with Open Disclosure should be recorded in the incident report in RiskMan.

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| Section 5 – Clinician Open Disclosure |

**Preparing for Clinician Open Disclosure**

Staff involved in Open Disclosure should be offered support by management throughout the process, ensuring that there are opportunities to debrief and the Employee Assistance Program is offered, if required. Staff are encouraged not to ignore feelings of anxiety about the incident or open disclosure process.

Refer to Attachment B for a checklist of steps to be completed for the initial clinician open disclosure discussion with a consumer and/or their carer.

An apology may also include an acknowledgement of responsibility. Under the *Civil Law (Wrongs) Act 2002* an apology in relation to an incident cannot to be taken as an admission of liability. If you have any concerns that the incident may give rise to a civil claim you should seek the advice of the ACT Government Solicitor through the Insurance and Legal Liaison Unit.

**Clinician Open Disclosure Discussion**

Open Disclosure begins with clinician disclosure - the initial discussion acknowledging the incident and providing an opportunity for an open conversation with the consumer/carer is required as soon as possible (at the latest within 24 hours of the incident, or from when staff became aware of it).

During communication with the consumer/carer, staff should not apportion blame, or state or agree that they, other clinicians, or any other service is responsible for the harm or the outcome that has occurred.

For incidents where the consumer has suffered minor harm or no harm as the incident was a near miss, the clinician most directly involved in the incident or the person who first recognises the incident (nurse/ midwife, allied health professional or medical officer) is usually the most appropriate person to speak with the consumer and/or carer.

For incidents where the consumer has suffered anything more than minor harm, the senior treating clinician or manager should be engaged as soon as possible and participate in Clinician Open Disclosure.

The following outlines the points to be addressed during the initial clinician led open disclosure conversation:

* An acknowledgment of what has occurred
* An apology or expression of regret from the staff involved in the consumer’s care
* A factual explanation of what happened
* An explanation of any care being provided to prevent any further harm, if any
* An opportunity for the consumer/carer to provide feedback about their experience
* The potential consequences of the incident, if known
* An explanation of the steps being taken to manage the incident and to prevent reoccurrence
* Contact details of a staff member involved in the Open Disclosure process and/or the contact details for CFET to address any further concerns or queries they might have
* If the outcome of the incident is major or extreme, or the consumer has requested a more formal meeting, an offer to participate in a formal Open Disclosure meeting when more information is available.

An Open Disclosure consumer handout should be provided to the consumer and/or carer at, or soon after the initial conversation. These are available from CFET or on the CHS Policy Register.

The Australian Commission on Safety and Quality in Health Care has some useful resources for staff involved in an Open Disclosure process available on their website [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au/our-work/open-disclosure/implementing-the-open-disclosure-framework/open-disclosure-resources-for-clinicians-and-health-care-providers/), e.g. ‘Saying sorry’ guide and the ‘Frequently asked questions about open disclosure: clinicians’.

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| Section 6 – Preparing for the formal Open Disclosure meeting |

If formal Open Disclosure is required, the senior clinical staff member who was involved in the Clinician Open Disclosure as per section 5 should inform the relevant ED or senior lead of the outcome of the Clinician Open Disclosure. The staff member should also advise them that a formal Open Disclosure process has been initiated and a meeting has been offered to the consumer/carer. The decision to conduct a formal Open Disclosure should also be discussed with:

* the Incident Management Team, QSII to confirm the incident has been reported and discuss any investigations that have or will occur.
* CFET, QSII who will provide administrative support and coordination.

The formal Open Disclosure team must include at least one senior clinical or executive staff member who has completed the required training (see section 11). An Open Disclosure Champion may form part of the team if appropriate.

If the incident occurred in one division, the ED of that primary division will nominate the most appropriate staff to form an Open Disclosure team. A Consumer Feedback Coordinator from CFET will be the contact person for the consumer/carer and staff involved in the open disclosure process and assisting with administrative tasks such as documenting and audio recording the conversation(s) if all parties consent, securely storing and disposing of audio files once the open disclosure process is completed and drafting the final letter.

If the incident involves significant input from more than one division, the COO, in consultation with EDs of the divisions involved, will nominate the most appropriate staff to form an Open Disclosure team and liaise with CFET to confirm the Consumer Feedback Coordinator. The Consumer Feedback Coordinator will be the contact person for the consumer/carer and staff involved in the open disclosure process, and assisting with administrative tasks such as documenting and audio recording the conversation(s) if all parties agree, and drafting the final letter.

All staff involved in the incident should be offered an opportunity to provide comments on their involvement in the care of the consumer to the Open Disclosure team leader. It may be appropriate for staff who have cared for the consumer to be part of the Open Disclosure team, and/or attend the preparation meeting. It is at the discretion of the Open Disclosure team leader the level of involvement of the staff involved..

The Consumer Feedback Coordinator will create an official administrative file and associated electronic file, including the CFET module of Riskman where applicable. All documentation associated with the formal Open Disclosure process should be filed in the administrative file not the consumer’s clinical record. The Consumer Feedback Coordinator will be the custodian of the administrative file throughout the open disclosure process and is responsible for ensuring that it is sent to Records Management at the conclusion of the process. Please refer to *Administrative Records Management Policy* for further information.

Once formed, the Open Disclosure team should meet as soon as possible to discuss:

* Nominating an Open Disclosure Team Leader (this may not be the Open Disclosure Champion)
* Immediate and ongoing care and support for the consumer has been arranged.
* Basic facts known about the event
* How to apologise effectively given the individual circumstances
* Support for family and support person (this may include providing financial assistance for immediate out of pocket expenses incurred, see Section 10 of this procedure)
* Support for staff involved in the event, and
* Strategies for maintaining a consistent approach to discussions.

Negotiations within the Open Disclosure team should occur to find a suitable time and location for the Open Disclosure meeting. It is ideal to have more than one agreed date to offer the consumer/carer to reduce the risk of delays.

The Consumer Feedback Coordinator should contact the consumer/carer by phone, if possible, to offer a meeting. Good communication is essential during this process, taking care to remain compassionate and to avoid speculation and blame.

The conversation should:

* Offer the proposed meeting time(s) and agree on a time
* Inform the consumer and/or carer of the staff who are expected to attend the meeting
* Explain that written confirmation of the agreed meeting time will be provided, and
* Encourage a support person(s) to attend

Once a meeting time has been agreed, formal notification of the meeting should be provided to the consumer/carer in an email or letter, including the contact details for the Consumer Feedback Coordinator.

The number of support persons attending the meeting with the consumer should be determined on a case by case basis and the Open Disclosure Team Leader may limit the number to what they consider to be reasonable. This decision may be based on factors including the consumer’s cultural background, health status, support requirements or preferences.

A person will be delegated to take notes during the meeting and seek consent from attendees to audio record the meeting for the purposes of transcribing the conversation. A letter and a transcription copy are to be provided to the consumer/carer at the conclusion of the Open Disclosure process.

If the consumer/carer indicates that they will be requesting compensation, they should be advised that the Open Disclosure process in not a legal process and does not include conversations regarding compensation. The contact details for the Health Services Commissioner or the Public Advocate can be provided to the consumer/carer. The Health Services Commissioner can be contacted on 6205 2222 or email [humanrights@act.gov.au](mailto:humanrights@act.gov.au) . The relevant ED should be notified that the consumer/carer have indicated that they are seeking compensation. The Medico Legal Coordination team should also be advised to ensure appropriate notification to the ACT Insurance Authority.

If the consumer/carer indicates that they do not wish to participate in the Open Disclosure process, it should conclude at this stage. The official administrative file should be updated to reflect that an Open Disclosure meeting has not occurred as the consumer/carer has indicated that they do not wish to proceed with the process.

Staff should utilise the ‘Open Disclosure Meeting Form’ (Attachment C) for meetings and keep notes whenever they communicate with the consumer/carer. These forms and notes should be placed on the official administrative file held by the Consumer Feedback Coordinator, including any informal contact, such as emails or summaries of phone conversations.

**Note**: Cultural awareness is required when preparing for an Open Disclosure meeting. This may include the need to provide an interpreter for the consumer/carer. Refer to *Language Services – Interpreters Procedure* for more information, including relevant contact details. All Aboriginal and Torres Strait Islander persons should be offered the support of an Aboriginal Liaison Officer.

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| Section 7 – Engaging in a formal Open Disclosure meeting |

The Open Disclosure conversation sets the scene for future interactions. The primary role in this formal interaction is for staff to listen to the consumer/carer perspectives on the incident and find out what they would like to know.

If the consumer/carer brings a legal representative, the Open Disclosure Team Leader should explain that the meeting is not a legal process. The Team Leader should offer to continue to proceed with the meeting without the legal representative. If this is not accepted, an offer should be made to reschedule the meeting without the attendance of the legal representative. The Consumer Feedback Coordinator should note the outcome of these discussions in the official administrative file.

The formal Open Disclosure meeting is to include:

* Seeking consent from all attendees to audio record the conversation for the purpose of providing a written transcription of the conversation
* Introducing staff in attendance by name and position title
* An acknowledgment and apology or expression of regret from the Open Disclosure Team Leader or nominated delegate
* A factual explanation of what happened
* An opportunity for the consumer/carer to provide feedback about their experience
* The potential consequences of the incident, if known
* An explanation of the steps being taken to manage the incident and prevent reoccurrence
* An explanation of the Open Disclosure process and how the consumer/carer will be communicated with over the length of the process
* Information about how the event will be investigated, e.g. “*we will speak to relevant clinicians, we will seek expert opinion*”
* Anticipated timelines for investigating the incident, explaining how or why the incident occurred and that information may be delayed until relevant investigations are complete
* The names, position, title and work phone numbers of people who the consumer/carer can contact to address queries, concerns or complaints and psychological and/or social support, and
* Information about reimbursement of out-of-pocket expenses if required (see Section 8).

The Consumer Feedback Coordinator must ensure that a record of the attendees, meeting details, and a summary of the conversation is noted on the Open Disclosure Meeting Form for filing on the official administrative file with a copy of the transcription. The Open Disclosure Form is electronically available from CFET. The Riskman Incident report should be updated to note that a formal Open Disclosure meeting has occurred.

If during the meeting, there is a breakdown at any time in communication between the Open Disclosure team leader and the consumer/carer, the team leader may choose to offer the option of another meeting with an alternate team leader. In consultation with the ED of the primary division, or COO and EDs of the divisions involved in cross divisional Open Disclosure, another team leader will be nominated and another meeting may need to be set up. This information needs to be clearly recorded on the official administrative file by the Consumer Feedback Coordinator.

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| Section 8 – Providing follow up |

Follow up conversations with the consumer/carer should occur with the Open Disclosure Team Leader or delegate as often as required to keep them informed of the progress of investigations. A summary of each contact and conversation should be noted in the official administrative file by the Consumer Feedback Coordinator.

If additional meetings occur to provide updates and responses to any questions that may be directly related to the management of the incident, the Consumer Feedback Coordinator should record this on the Open Disclosure Meeting Form and file it in the official administrative file with a copy of the transcription of the conversation.   
  
If there are delays in the investigation, frequent updates with the reason for the delay should be communicated to the consumer/carer by the Consumer Feedback Coordinator or Open Disclosure Team Leader. These updates should be recorded in the official administrative file.   
  
If the consumer is discharged, ensure contact details are provided to the consumer/carer and an agreement of how further information and updates will be provided. This agreement is to be documented in the official file and it is the responsibility of the Open Disclosure Team Leader to ensure that this agreement is adhered to.

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| Section 9 – Completing the formal Open Disclosure process |

To complete the formal Open Disclosure process with the consumer/carer a conversation, preferably a meeting, should occur. The Consumer Feedback Coordinator is required to transcribe the final conversation (this may include face to face or a phone call). A record of the attendees, meeting details and a summary of the discussion should be noted on the Open Disclosure Meeting Form and filed in the official administrative file. If the final conversation is a phone call, this should be completed by the Open Disclosure team leader.

The conversation should include:

* Seeking consent of all attendees to audio record the conversation for the purpose of providing a written transcription of the conversation
* An acknowledgement of the incident and the apology or expression of regret reiterated, if appropriate
* Acknowledgement of the concerns or complaints of the consumer/carer
* Details of the outcomes of any investigations that have occurred, in plain language and put in the context of the care provided
* A summary of the factors contributing to the incident and information on what has been, or will be implemented to prevent the incident from occurring again
* Information on how improvements will be monitored
* That an evaluation will be sent to them within the next three months.

**Alert:**

Please refer to Section 3 – Relationship with the Incident Management Process when planning this conversation. It is essential that the Open Disclosure team do not disclose any information to the consumer that is the result of an investigation undertaken on behalf of a Quality Assurance Committee approved by the Minister pursuant to the *Health Act 1993*.

The conversation should be followed up with a letter and a copy of the transcriptions completed from each meeting. The Open Disclosure Team Leader and primary staff involved in the Open Disclosure process will be offered an opportunity to review the correspondence prior to it being sent. The cover letter is to be signed by the divisional ED of the primary division, or if more than one division was involved, the COO and sent to the recipient through the COOs Office. The Consumer Feedback Coordinator will place a copy of the signed letter and transcriptions on the official administrative file.

The Open Disclosure Team Leader is required to assist with any further documentation associated with the open disclosure, if required. This may include briefings to the COO, EDs, the Minister, input into quality improvement processes and responses to feedback provided to CHS regarding the incident. At this stage, the Consumer Feedback Coordinator is responsible for ensuring that the audio file of any meeting conversations is deleted once they are no longer required. The relevant ED is responsible for ensuring any that agreed improvement actions arising from the Open Disclosure process are completed.

After the final letter has been sent, the Consumer Feedback Coordinator is responsible for providing an opportunity for the consumer/carer to give feedback regarding the Open Disclosure process. This opportunity to give feedback should be provided within four weeks wherever possible, and no more than three months after the end of the Open Disclosure process. To facilitate this, the Consumer Feedback Coordinator should mail an Evaluation letter, ‘Consumer/Carer Evaluation form’, a ‘Consumer Feedback Listening and Learning form’ and a reply paid envelope (addressed to the Patient Experience Team, Quality, Safety, Innovation and Improvement) to the consumer/carer. The Consumer Feedback Coordinator will ensure that a note is placed in the official administrative file that the evaluation has been forwarded, including the date this occurred. Once received, the QSII will review the completed forms to inform evaluation of the process and procedure and initiate any necessary improvements. Please note, depending on the individual circumstances of the consumer/carer, it may be more appropriate to invite the consumer/carer to participate in the evaluation via a phone call or meeting.

The Open Disclosure Team Leader, with support from the Consumer Feedback Coordinator, is responsible for ensuring that all staff involved in the open disclosure process are provided an opportunity to provide feedback about the process using the Open Disclosure Staff Evaluation Form. This may also include staff not formally identified as a member on the ‘Open Disclosure Team’, such as staff involved in the care of the consumer at the time of the event, administrative support or a financial delegate. The form must be dated in the footer section when provided to the staff member. A note in the official file should indicate the form and date it was provided to the staff members.

The completed evaluation form should be sent through the internal mail to the CFET, Quality, Safety, Innovation and Improvement, Level 10B, Canberra Hospital or emailed to [healthfeedback@act.gov.au](mailto:healthfeedback@act.gov.au) (who will forward it to the Policy, Risk and Legal Liaison Team) by the staff completing the form. Completed evaluation forms will assist in evaluating the open disclosure process and when reviewing the open disclosure procedure. **Evaluations of the open disclosure process should not be placed on the consumer’s clinical record.**

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| Section 10 – Financial Assistance for out-of-pocket expenses |

CHS can provide financial assistance to consumers participating in the Open Disclosure process by offering reimbursement for out-of-pocket expenses. This applies only to expenses incurred in the short term that are directly related to the incident. It will be applied on a case by case basis by the Open Disclosure Team Leader. Authorisation to offer financial assistance from the relevant ED or financial delegate must be obtained prior to offering assistance to the consumer/carer.

Items that can be considered for immediate reimbursement include, though are not limited to, transport, food, potential accommodation for NSW consumers, carer responsibilities and toiletries. These items are considered as a cost of providing health services to consumers, funded through the divisional structure.

Financial assistance as part of the Open Disclosure process is not available for unforeseen complications arising from health care, nor is it intended to be used for settlement or mediation of a potential or actual claim against CHS. This should be clearly communicated to the consumer/carer.

The Open Disclosure Team should consider:

* If financial assistance with immediate expenses is likely to be required
* How other existing means of supporting families and consumers could be used, e.g. the Interstate Patient Travel Assistance Scheme. See the *ACT* *Interstate Patient Travel Assistance Scheme Guidelines* available on the Policy Register for more information
* Contacting the most appropriate manager who has financial delegation and gaining authorisation
* If assistance required exceeds $1,000 the Open Disclosure Team Leader or manager must refer the matter to their ED or the On Call Executive for approval
* Offers for financial assistance should only be offered once approval has been given. The Consumer Feedback Coordinator can then use the appropriate methods within their aligned divisions to assist the consumer/carer, such as cab charges, petty cash etc.
* Any assistance with immediate expenses must be documented in the official administrative file held by the Consumer Feedback Coordinator
* The project code 20951 should be used along with the appropriate cost centre and account code depending on the expenditure type (e.g. Consumer/Client Taxi Hire, Consumer/Client Airfares, and Accommodation etc.)
* If additional financial support is required, authorisation must be sought on each occasion from the financial delegate and the ED, if the accumulative amount exceeds $1000.

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| Section 11 – Training Requirements |

**Executive and Senior Clinical Staff** must complete the Open Disclosure eLearning package available on Capabiliti and face-to-face experiential training. These staff include:

* Chief Operating Officer
* Executive Directors from Clinical Divisions and the Executive Director Medical Services, Executive Director Nursing, Midwifery and Patient Support Services and Executive Director Allied Health
* Directors of Nursing
* Executive Group Manager, Quality Safety Innovation and Improvement
* Executive Group Manager, People and Culture
* Executive Group Manager, Infrastructure Health Support Services
* Directors of Allied Health
* Clinical Directors
* Operations Managers
* Head of Dental Health Service.

It is highly recommended that all other senior clinical staff (e.g. Assistant Directors of Nursing, Senior Managers, Medical Directors and Clinical Nurse Consultants) complete both the Open Disclosure eLearning package available on Capabiliti and face-to-face experiential training.

**Open Disclosure Champions**

Any staff member may elect to become an Open Disclosure Champion if supported by their line manager. These Champions should complete the Open Disclosure eLearning package available on Capabiliti and the face-to-face experiential training. These staff members will be available to staff in the Open Disclosure conversation, including the delivery of “just in time” training to other CHS staff prior to an Open Disclosure conversation commencing. A list of staff who have completed the training can be obtained from CFET.

**All other clinical staff** should complete the Open Disclosure eLearning package available on Capabiliti.

**QSII** facilitates Open Disclosure training, including the face-to-face Open Disclosure experiential training for Executive and Senior Clinical Staff.

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| Implementation |

* This procedure will be communicated through an all staff CEO email linking to a Policy Alert on the HealthHub, and will be available on the Policy Register. Changes to roles, responsibilities and training will be communicated through divisional governance committees and distributed to the Clinical Directors meeting and Director of Nursing and Midwifery meeting for distribution to staff.
* Completion of training and monitoring.

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| Evaluation |

Compliance with the procedure will be demonstrated through:

* Review of compliance with eLearning and face to face training
* Number of Formal Open Disclosures where final letters went out to consumer/carer within 35 days of final meeting
* Number of Formal Open Disclosures where evaluation went out to consumer/carer and relevant staff within three months of final meeting
* Number of complaints or feedback received about Open Disclosure processes
* Number of completed Open Disclosures reported in Riskman.
* Number of significant clinical incidents with completed open disclosure process.

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| Related Policies, Procedures, Guidelines and Legislation |

**Policies**

* Consumer Feedback Management Policy
* Incident Management Policy
* Language Services Policy
* Clinical Records Management Policy
* Use of Recording Devices Policy – Placeholder
* Administrative Records Management Policy

**Procedures**

* Consumer Feedback Management Procedure
* Incident Management Procedure
* Clinical Records Management Procedure
* Language Services – Interpreters Procedure

**Guidelines**

* Australian Commission on Safety and Quality in Healthcare – National Safety and Quality Health Service Standards
* Australian Charter of Healthcare Rights (Second edition)
* Interstate Patient Travel Assistance Scheme (IPTAS) Guidelines

**Legislation**

* *Health Act* 1993 *(ACT)*
* *Health Records (Privacy and Access) Act* 1997
* *Financial Management Act,* 1996
* *Human Rights Act* 2004
* *Mental Health Act* 2015
* *Civil Law (Wrongs) Act* 2002
* *Human Rights Commission Act* 2005

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| References |

1. Australian Commission on Safety and Quality in Health Care; *Australian Open Disclosure Framework February 2014*; Canberra, Australia: Commonwealth of Australia
2. Australian Commission on Safety and Quality in Healthcare*; Open Disclosure Manager Handbook January 2012*; Canberra, Australia: Commonwealth of Australia
3. Australian Commission on Safety and Quality in Healthcare; *Open Disclosure Standard January 2008*; Canberra, Australia: Commonwealth of Australia
4. Australian Commission on Safety and Quality in Health Care; *User Guide for Medication Management in Cancer Care 2020*
5. Department of Health, Victoria, *Open Disclosure – Further Knowledge* June 2013, <https://www2.health.vic.gov.au/hospitals-and-health-services/quality-safety-service/clinical-risk-management/open-disclosure/disclosure-further-learning>
6. NSW Health 2014, *Open Disclosure Guidelines*, Department of Health, NSW.

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| Definition of Terms |

**Carer:** A person who provides unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness or general frailty. Carers include parents and guardians caring for children.

**Clinician:** A health care provider who is trained as a health professional, and who provides direct consumer care.

**Clinician Disclosure:** An informal process where the treating clinician discusses with a consumer and/or carer the occurrence of an incident that has resulted in harm whilst receiving healthcare.

**Consumer:** A person receiving health care. Synonyms for consumer include ‘patient’, ‘person’ and ‘client’.

**Consumer’s clinical record:** Consists of, but is not limited to, a record of the consumer’s medical history, treatment notes, observations, correspondence, investigations, test results, photographs, prescription records and medication charts for an episode of care. Used for the initial conversation only during the Open Disclosure process.

**Harm:** Impairment of structure or function of the body and/or any deleterious effect arising there from, including disease, injury, suffering, disability and death. Harm may be physical, social or psychological.

**Healthcare:** The prevention, treatment and management of illness and preservation of mental and physical wellbeing through the services offered by the medical and allied health professionals.

**Incident:** An event or circumstance which could have resulted in, or did result, in unintended or unnecessary:

* harm
  + to a consumer/client/consumer
  + to a worker
* complaint, loss or damage
  + to property and services (including infrastructure)
  + to the environment
  + regarding financial management
  + regarding information management
  + regarding the reputation of the organisation
* deviations from endorsed plans/processes.

**Manager:** A designated senior staff member who manages and mentors another staff member and who will assist in the management of an incident.

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

**No-harm incident:** An error or system failure that reaches the consumer but does not result in harm to the consumer.

**Reimbursement:** To make a repayment for an expense or loss incurred without an admission of liability.

**RiskMan:** An online web based system used to report incidents within CHS.

**Staff:** Anyone working for CHS, including self-employed professionals such as visiting medical officers.

**Team Leader:** A team leader is the staff member who has been identified to lead discussions during this process. They may delegate their tasks where appropriate, such as contacting the consumer, guardian and/or carers with appointment details recording discussions, drafting of documentation, etc.

**Transcription:** A written document recording the key points of a verbal conversation.

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| Search Terms |

open disclosure, adverse event, difficult discussion, dialogue, open, disclosure, incident, significant incident, notifiable incident, open conversation, complaint, error, high level response, low level response, difficult conversation, formal, informal, near miss, no harm, no-harm

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| Attachments |

Attachment A – Flowchart

Attachment B – Clinician Open Disclosure checklist

Attachment C – Open Disclosure Meeting Form

**Disclaimer**: *This document has been developed by Canberra Health Services specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at his or her own risk and Health Directorate assumes no responsibility whatsoever.*

*Policy Team ONLY to complete the following:*

|  |  |  |  |
| --- | --- | --- | --- |
| *Date Amended* | *Section Amended* | *Divisional Approval* | *Final Approval* |
| *18/03/2020* | *Complete Review* | *Denise Lamb, ED QSII* | *CHS Policy Committee* |
| *20/05/2020* | *Update to information pertaining to Riskman* | *Policy Team Manager* | *Policy Team Manager* |
| *13/04/2021* | *Information included post GSO advice* | *Denise Patterson, COO* | *CHS Policy Committee* |

*This document supersedes the following:*

|  |  |
| --- | --- |
| *Document Number* | *Document Name* |
| *CHHS17/181* | *Open Disclosure* |
|  |  |

Attachment A – Flow chart for Open Disclosure



## Attachment B – Clinician Open Disclosure Checklist

This checklist may be useful for identifying the steps to be completed for the initial clinician open disclosure discussion with a consumer and/or their carer.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Health professional (s) to speak with the consumer and/or their carer as soon as possible – at the latest within 24 hours of the incident, or staff becoming aware of it. | | c |
|  | Assess the need for and arrange support for the consumer and/or their carer e.g. social worker, health care interpreter | | c |
|  | Hold the initial discussion with the consumer and/or their carer using the STARS Tool\*: | | c |
| **S** | **SORRY**   * Acknowledge what happened, explain known facts of the incident * Apologise for the incident "I'm sorry that this has happened" * Acknowledge the consequences for the consumer and/or their support person |
| **T** | * **TELL ME ABOUT IT:** encourage the consumer and/or their support carer to relate their experience of the consumer safety incident, its impact and what is needed from their perspective. Listen and respond appropriately. |
| **A** | * **ANSWER QUESTIONS**: honestly, without speculation or blame |
| **R** | * **RESPONSE:** Discuss what happens next with the consumer and/or their carer * The plan for ongoing care (if required)   Follow up (if required)   * Lessons learned - how the incident will be investigated and managed, to prevent recurrences |
| **S** | * **SUMMARISE**: the key points of the discussion and the next steps |
|  | Provide the consumer and/or their carer with the relevant person's name and contact details should they have any concerns or questions | |  |
|  | Document in the consumer's clinical notes that clinician open disclosure has occurred, including   * a confirmation that an apology was provided * a brief outline of the information provided to the consumer and/or their carer * future steps to be taken (if required) | | c |
|  | Record that clinician disclosure has occurred in Riskman | | c |
|  | Assess (with your manager) whether a formal open disclosure response is required | | c |
|  | Provide the consumer and/or their carer with information (including consumer handout). Provide them with the evaluation form, information on how to provide feedback should they wish. | | c |
|  | If required, provide the consumer and/or their carer with further information about the formal open disclosure process | | c |
|  | If required, document activation of formal open disclosure in Riskman and the consumer's clinical notes | | c |

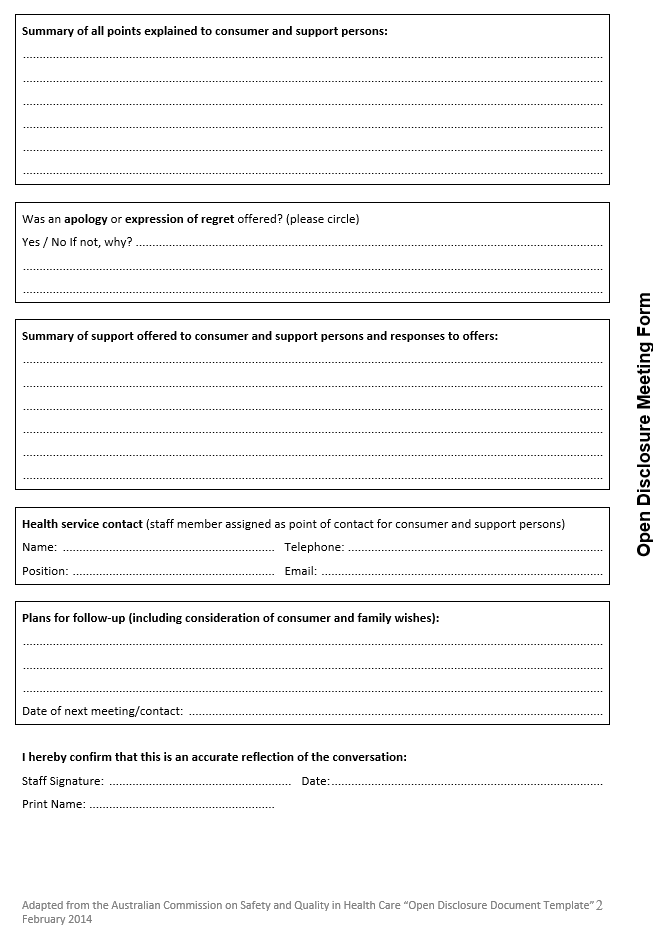
For more detailed information please refer to the Clinician Disclosure section of the CEC Open Disclosure Handbook - [*www.*cec.*health.nsw.gov.au/programs/open-disclosure*](http://www.cec.health.nsw.gov.au/programs/open-disclosure)

\*STARS Tool adapted from the State of Queensland (Queensland Health) iLearn@QHealth Clinician Disclosure Lesson 6 Communicating with patient following an adverse event, 2011

## Attachment C – Open Disclosure Meeting Form



SAMPLE



SAMPLE