



Danila Dilba
Health Service

Open Disclosure Policy

Open disclosure is the process of providing an open, consistent approach to communicating with the patient and their support person following a patient related incident.

Category	Corporate	Policy number: GOV004
Related forms, policies and procedures	<ul style="list-style-type: none"> • Declaration of Interest • Code of Conduct • Access to Personal Health Information 	
Key words	Respect, quick response, fairness, openness	
Relevant legislation	<ul style="list-style-type: none"> • <i>Privacy Act 1988 (Cth)</i> • <i>Information Act 2003 (NT)</i> 	
References and resources	RACGP 4th edition standards	

Review due by	Chief Executive Officer	June 2018	
Approved by	DDHS Board	23 October 2015	
Version	Date	Author	Summary of changes
2.0	23 October 2015	Olga Havnen	Amendment to Procedure

1. Purpose

To encourage and support staff to make sound decisions that are in line with the philosophies and principles of Danila Dilba Health Service (DDHS).

2. Scope

This policy applies to everyone performing work or entering a workplace controlled by DDHS, unless an exemption to specific sections has been issued in writing by the person authorising this policy. This policy applies to all clinical staff, whether employed directly by DDHS, on contract, or via a sub-contract agreement providing any service, or labour at any DDHS workplace.

3. Definitions & Legislation

Open disclosure is the process of providing an open, consistent approach to communicating with the patient and their support person following a patient related incident.

There are two (2) ways that open disclosure can happen:

Clinical open disclosure where the treating clinician informs the patient of what has occurred, offers an expression of regret for the harm caused or adverse outcome. Generally this is appropriate in circumstances where the adverse outcome is minor.

Formal open disclosure is a structured process to ensure effective communication about the incident between the patient, senior clinician and the organisation. The formal open disclosure process triggers a formal investigation into the incident in which the organisation, the patient and/or support person is kept informed and presented with the outcomes.

Principles

Provision of well designed, high quality and accessible care

Provision of care that is relevant and supportive

Provision of care that is clinically and culturally safe and that is client focused

Provision of a safe and healthy working environment

4. Procedure

The open disclosure procedure forms part of the incident management policy

All incidents are managed as per the DDHS incident management policy

All staff directly involved in an incident or who witness an incident that has caused harm or has the potential to cause harm are obliged to report the incident. Failure to report an incident may result in disciplinary action.

An incident that causes harm or has the potential to cause harm to a patient is reported to the Senior Medical Officer (SMO) as soon as possible after the incident. This may be done through a supervisor or directly to the SMO. An attempt should be made to reach the SMO as soon as is practically possible by phone.

The incident is managed according to the nature and seriousness of the incident. The incident is reported as per the incident reporting procedure and the circumstances reported in the patient's medical record in Communicare.

The SMO determines the required level of response based on the seriousness of the incident.

A high level response (formal open disclosure) is required when the incident has caused death or serious harm or is likely to cause permanent or debilitating injury or ongoing problems.

A general response (clinical open disclosure) is required when the consequence/s of the incident is/are minor. A general response can be escalated to a high level response at any stage if required.

If a high level response is required the SMO, advises the CEO of the incident and the CEO appoints the necessary response team to develop the response plan; communicate with and support the patient and/or support person; and communicate with and support the staff involved.

The SMO documents the response plan in the patient file and on the incident management plan.

If a general response is required the clinician or supervisor communicates with the patient and/or support person directly.

The SMO investigates the root cause of the incident and provides recommendations for improvement to the Executive Management Team.

Feedback is provided to the patient, staff and the primary health care team

Improvement actions are implemented within an appropriate timeframe depending on the severity of the incident

Patients and their support persons are provided with ongoing support as required

Staff are provided with ongoing support as required.

Board Reporting

Where appropriate the CEO or the Executive Officer will provide a report to the Board outlining Risk issues and the mitigating responses provided by the Executive Management team. Whilst the Board is not receiving confidential patient information, issues related reporting to ensures it has oversight and as part of its monitoring process is regulated by the CEO to the Board.

OPEN DISCLOSURE PROCEDURE FLOW CHART

Incident identified, prevent further or future harm, provide appropriate care, and identify support for staff and patients.

Senior Medical Officer contacted and level of response determined by incident severity.

Response plan discussed with patient and/or their support person.

Notify CEO if high level response required. CEO appoints other staff to respond if necessary.

Low Level Response

Clinician discusses the known facts with the patient and the support person.

Document known facts about incident and response in the patient's clinical record and in the incident reporting system.

Senior Medical Officer and Clinical Quality coordinator identify route cause of the incident.

Recommendations to Service Delivery Team for improvement – Evaluation and implementation of improvement within 6 months.

Feedback to staff

Feedback to Primary Healthcare team

Feedback to patient and support

High Level Response

Where it is considered harm may be due to an intentional unsafe or criminal act, refer to disciplinary guidelines.

Notify person responsible for clinical risk management.

Service Delivery Team Discussion

Identify support for staff, identify support for patient and their support person.

Discussion with patient and their support person. Known facts, expression of regret, care plan, patient support, staff support by person responsible for clinical risk management where needed.

Senior Medical Officer and clinical quality coordinator investigate root causes of incident.

Establish facts, in-depth investigation – communication with clinical team.

Follow up discussions with patient and their support person.

Communication of results of investigation and recommendations to Service Delivery Team.

Recommendations to Leadership for improvement – Evaluation and implementation of improvement within 6 months.

Feedback to staff

Feedback to EMT

Feedback to patient and support

Ongoing feedback and support for patients, support person and staff. Evaluation of Open Disclosure Process.