cura
day hospitals group

OPEN DISCLOSURE POLICY

RELEVANT AUDIENCE - All employees and visiting medical practitioners

Objective

Cura Day Hospitals Group (**Cura**), its hospitals, Governing Body, Staff and Visiting Medical Practitioners engage in the practice and principles of Open Disclosure. Cura's hospitals meet accreditation requirements and maintain an Open Disclosure policy consistent with the national Open Disclosure Framework.

Rationale

"Open Disclosure" is the open discussion of adverse events that result in harm to a patient while receiving health care with the patient, their family and carers.

Open Disclosure is mandated in the National Safety and Quality Health Service Standards (**NSQHS**), Standard 1, Criterion 1.16 and is subject to accreditation.

The *Australian Open Disclosure Framework* (**the Framework**) provides a nationally consistent foundation for communication following unexpected healthcare outcomes and harm.

Training:

The relevant Hospital CEO/Director of Nursing at each Cura facility will oversee the Open Disclosure program which will be consistent with the Framework. The Hospital CEO/ Director of Nursing will ensure that the clinical workforce including staff and visiting medical practitioners are trained in Open Disclosure processes.

Reporting:

The Hospital CEO/ Director of Nursing at each Cura facility will report information and data on Open Disclosure to the Chief Executive Officer of the Cura Day Hospitals Group and their Medical Advisory Committee.

The eight principles of the Open Disclosure Framework are:

1. Open and timely communication;
2. Acknowledgment;
3. Apology or expression of regret;
4. Supporting, and meeting the needs and expectations of patients, their family and carers;
5. Supporting, and meeting the needs and expectations of those providing health care;
6. Integrated clinical risk management and systems improvement;
7. Good governance; and

8. Confidentiality.

Outcome:

Cura Day Hospitals Group has a clear and consistent approach to open communication and disclosure with patients, their families and carers following an Adverse Event with a view to fairness, open discussion, accountability and transparency.

This Policy will set out when and how Open Disclosure should occur.

Compliance with the Australian Commission on Safety and Quality in Health Care Standard 1: Governance for Safety and Quality in Health Care Organisations. In particular, Standard 1.16, through implementing an Open Disclosure process based on the national Framework, including:

An Open Disclosure program is in place and is consistent with the Framework, and the clinical workforce are trained in Open Disclosure processes.

Method / Implementation:

Open Disclosure will be mandatory for an Adverse Event.

The Hospital CEO/Director of Nursing of the relevant Cura facility will activate and oversee the Open Disclosure process.

Low level responses will be handled internally.

The Hospital CEO/Director of Nursing at the relevant Cura facility will be required to notify the CEO of Cura Day Hospitals Group of any Adverse Event requiring a high level Open Disclosure. The CEO of Cura will then advise the Hospital CEO/Director of Nursing to proceed and contact Minter Ellison Lawyers who will assist with the Open Disclosure Process and any other procedures regarding the Adverse Event including notification of Sentinel Events and Root Cause Analysis.

Open Disclosure should be commenced as soon as practicable after the Adverse Event.

The flow chart illustrated in Appendix A sets out the process that will be adopted by Cura Day Hospitals Group. This chart incorporates low level and high level responses.

An offer to meet in person with the patient, their family or carer will occur for an Adverse Event. Such an offer may be declined by the patient or family.

Honesty and trust are central to the healthcare professional/patient and healthcare institution/patient relationships. Cura's healthcare care professionals "want to do the right thing" by their patients.

The elements of Open Disclosure are:

a) an Expression of Regret;
b) a factual explanation of what happened;
c) the potential consequences, and
d) the steps being taken to manage the event and prevention of recurrence.

Cura endeavours to work to a policy of no blame and focuses on the organisation's systems and responsibilities.

We strive to maintain professional accountability, and foster an environment where people feel supported and are encouraged to identify and report Adverse Events so that opportunities for systems improvements can be identified and acted on.

Communication should be open and honest, and immediate.

Cura endeavours to facilitate consistent and effective communication following Adverse Events. This includes communication between the following:

1. health care professionals;
2. health care professionals and patients, their family and carers; and
3. health care professionals, health care managers and all staff.

Effective communication for patients commences from the beginning of an episode of health care and continues throughout the entire episode. We have an ethical responsibility to maintain honest communication with patients, their family and carers, even when things go wrong. With good communication when an Adverse Event occurs, we look at ways to prevent them from recurring.

Cura Day Hospitals Group is committed to:

1. provide an environment where patients and their support person receive the information they need to understand what happened;
2. create an environment where patients, their support person, health care professionals and managers all feel supported when things go wrong;
3. investigative processes to identify why Adverse Events occur; and
4. bringing about any necessary changes in systems of clinical care, based on the lessons learned.

In implementing Open Disclosure, Management and Staff will operate within Cura facilities':

1. policies, procedures and processes;
2. within an integrated risk management framework and quality improvement processes;
3. in accordance with applicable Commonwealth State/Territory laws and regulatory regimes; and
4. within particular requirements of insurance and employment contracts.

The ***Principles*** that have been adopted from the Framework and that will form part of Cura's Open Disclosure process will include:

1. Openness and timeliness of communication

When things go wrong, the patient, their family and carers should be provided with information about what happened, in an open and honest manner at all times. The Open Disclosure process is fluid and may involve the provision of ongoing information.

2. Acknowledgment

All adverse events should be acknowledged to the patient, their family and carers as soon as practicable. Cura's hospitals should acknowledge when an adverse event has occurred and initiate Open Disclosure.

3. Expression of regret

As early as possible, the patient, their family and carers should receive an apology or expression of regret for any harm that resulted from an Adverse Event. An apology or expression of regret should include the words 'I am sorry' or 'we are sorry' but must not contain speculative statements, admission of liability or apportioning of blame.

4. Supporting, and meeting the needs and expectations of patients, their family and carers

The patient, their family and carers can expect to be fully informed of the facts surrounding an Adverse Event and its consequences, treated with empathy, respect and consideration and supported in a manner appropriate to their needs.

5. Supporting, and meeting the needs and expectations of the Cura Group staff

Cura fosters an environment in which all staff are encouraged to recognise and report adverse events, prepared through training and education to participate in Open Disclosure and are supported throughout the Open Disclosure process.

6. Integrated risk management and systems improvement

Cura will undertake clinical reviews and investigation of Adverse Events and Adverse Outcomes through processes that focus on the management of clinical risk and quality improvement. The findings of these reviews and investigations will be focused on improving the systems of care in place for patients and a review of their effectiveness will be conducted. Any information obtained about Adverse Incidents from the Open Disclosure process will be incorporated into quality improvement initiatives.

7. Good governance

The Governing Body of Cura has implemented governance frameworks and quality improvement processes. Through these systems, Cura's hospitals will investigate and analyse Adverse Events to prevent recurrence. The system of accountability is driven by Cura's management and ensures that appropriate changes are implemented and the effectiveness of these changes reviewed to ensure efficiency. The governance framework includes internal performance review and reporting.

8. Confidentiality

Cura Day Hospitals Group has implemented policies and procedures with full consideration for patient, staff and clinician privacy and confidentiality. The confidentiality policies and procedures are compliant with Commonwealth, state and territory privacy and health records legislation and are considered in light of *Principle 1: Open and timely communication*.

The ***Key Steps*** for the conduct of Open Disclosure – High Level Response will be:

1. Open Disclosure Team Meeting

Initial Open Disclosure Team Meeting and the completion of an Open Disclosure Plan.

2. Offer of Meeting

Offer to the patient/family/carer to meet to discuss the matter.

3. Open Disclosure Team Meeting

Discussion of approach for representatives at the Open Disclosure meeting.

4. Open Disclosure Meeting

Meeting between patient/family/carer and Cura Day Surgeries representatives.

5. Open Disclosure Documentation

Completion of the Open Disclosure documentation.

6. Report to Open Disclosure Team

Report back to Open Disclosure Team including a summary of the commitments given and how these will be followed up.

7. Lessons Learned

Ensure that lessons learned are communicated to the patient/family/carer, staff and visiting medical practitioners.

Documentation:

The Open Disclosure process and meetings will be documented and kept securely.

Definitions:

Adverse event – An incident in which harm resulted to a person receiving health care.

Expression of regret – An expression of sorrow for a harm or grievance experienced by the patient.

Open Disclosure - the open discussion of incident(s) that result in harm to a patient while receiving health care.

Resources:

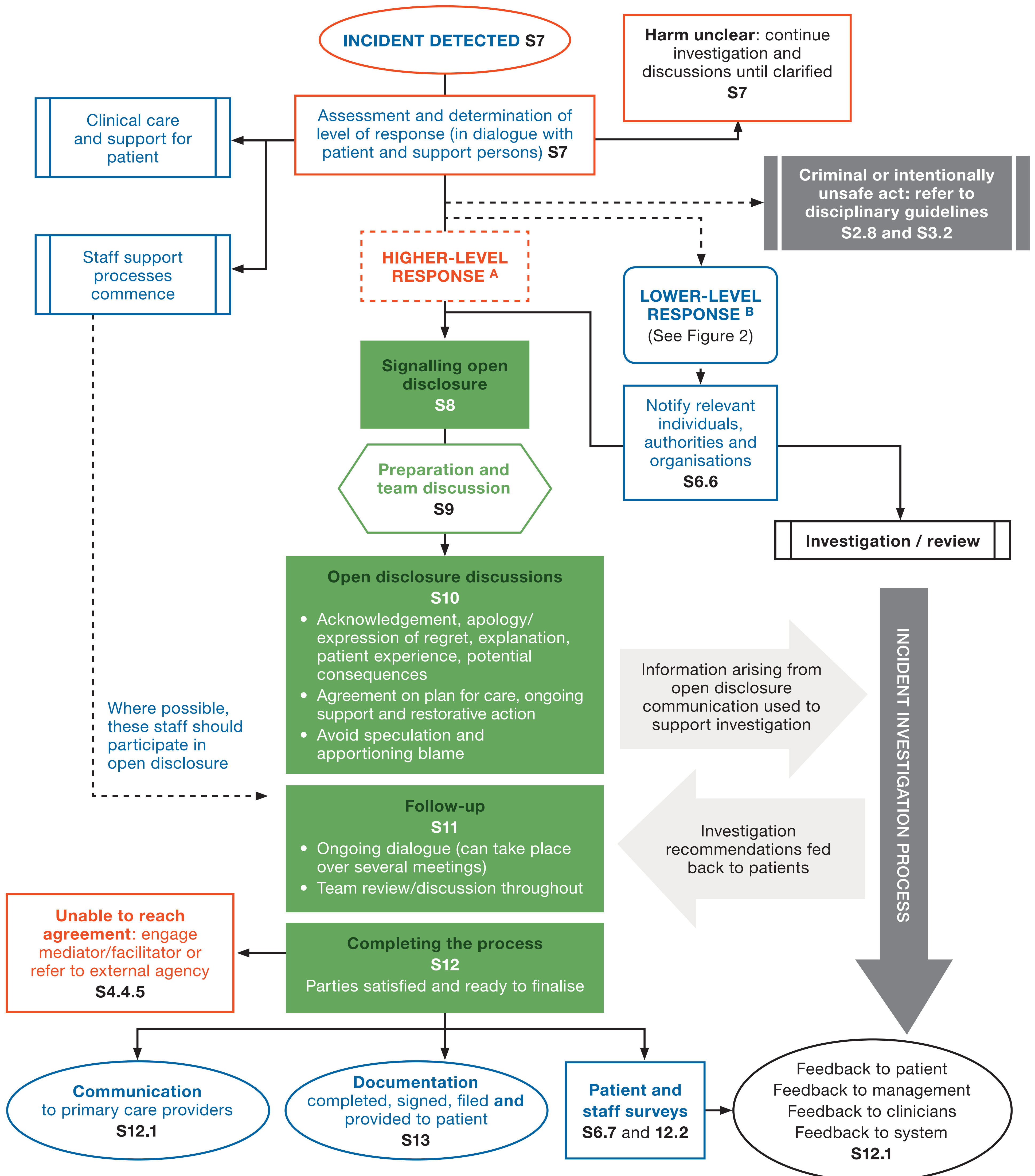
Australian Commission on Safety and Quality in Health Care (2013), *Australian Open Disclosure Framework,* ACSQHC, Sydney.

Australian Commission on Safety and Quality in Health Care (ACSQHC) (September 2011), *National Safety and Quality Health Service Standards,* ACSQHC, Sydney.

Appendix A- flow chart

Figure 1

Flow chart outlining the key steps of open disclosure (S = Section in the *Australian Open Disclosure Framework*)



A General indications — higher-level response:

1. Death or major permanent loss of function
2. Permanent or considerable lessening of body function
3. Significant escalation of care / change in clinical management
4. Major psychological or emotional distress
5. At the request of the patient

S7.3

B General indications — lower-level response:

1. Near miss / no-harm incident
2. No permanent injury
3. No increased level of care required
4. No, or minor, psychological or emotional distress

S7.3

Figure 2

Flow chart outlining lower-level response

(S = Section in the *Australian Open Disclosure Framework*)