MAT Health Clinic

POLICY NUMBER:	**MHC/OPN001**
NAME:	**Open Disclosure Policy and procedure**
APPROVED BY:	Practice Principal

SECTION 1 – INTRODUCTION

AIM

The Royal Australian College of General Practitioners (RACGP) Standards for general practice, 5th edition, indicator states:

- QI3.2 - Our practice follows an open disclosure process that is based on the Australian Open Disclosure Framework.

The aim of this policy is to accomplish the requirements of the above indicator whilst providing a basis of transparency and openness for patients who experience adverse events within our practice.

Open disclosure is defined in the Australian Open Disclosure Framework as, “An open discussion with a patient about one or more incidents that resulted in harm to the patient while they were receiving healthcare.”

Our practice recognises that when an adverse event has occurred, we have an obligation to:

- acknowledge and respectfully explain to the patient that something has gone wrong, either in response to:
  - their enquiry or initiated by the practice
  - offer an apology or expression of regret with sincerity and empathy
  - provide a factual explanation of what happened
  - discuss the potential consequences of the adverse event
  - explain what steps have been taken to manage the event and prevent a recurrence
  - provide patients with the opportunity to relate their experience with the practice.
- Communicating openly and honestly is important so that patients can:
  - move on and overcome negative feelings and resentments
  - regain trust in the patient-practitioner relationship and the healthcare system
  - be more involved in their care.

This process also assists practitioners during their recovery after involvement in adverse events.

IDENTIFYING AN ADVERSE EVENT

An adverse event can be identified:

- by a practitioner or staff member at the time of the incident
- by a practitioner retrospectively when an unexpected outcome is detected
- by a patient, their family or carer at the time of the incident or retrospectively
- through established complaint mechanisms
- through incident detection systems, such as incident reporting or patient record review
- from other sources, such as detection by other patients, visitors, students or staff.

The individual who identified the adverse event is required to provide an initial assessment of the incident in consultation with the practice principal.

This process will include assessing the severity of harm and the appropriate level of response required

CRITERIA FOR DETERMINING THE APPROPRIATE LEVEL OF RESPONSE MANDATORY REQUIREMENTS

Our practice will deal with the following situations in-house and determine the appropriate level of response on a case-by-case basis:

- Near miss and no-harm incidents.
- No permanent injury.
- No increased level of care required.
- No, or minor, psychological or emotional distress.

Our practice will confer with our medico legal organisation regarding the following incidents:

- Death or major permanent loss of function.
- Permanent or considerable lessening of body function.
- Significant escalation of care or major change in clinical management (e.g. admission to hospital or surgical intervention).
- Major psychological or emotional distress.
- At the request of the patient.

OPEN DISCLOSURE MANAGEMENT

In the event of an adverse event, the following open disclosure management process will be implemented:

- Acknowledge that an unexpected event has occurred as soon as possible, even if further investigation is required.
- Communicate with the patient (and their family or carer if applicable) in a timely, open and honest manner.
- Treat all parties with empathy, respect and consideration while supporting them in a manner appropriate to their needs.
- Provide an apology or expression of regret as early as possible with the words, “I am/we are sorry.”
- Acknowledge what has gone wrong, providing full disclosure of the facts regarding the adverse event and its consequences, including:

    - the system causes of the harm they experienced
    - the role of individual practitioners (without apportioning blame)
    - findings and recommendations
    - changes to systems as a result of the investigation.
- Decline from speculating on the causes of the incident, admitting liability or apportioning blame.
- Decline from making unrealistic promises and pre-empting results of reviews and investigations.
- Give the patient, their family or carer the opportunity to ask questions, tell their side of the story and provide their views and observations about the incident.
- Provide assurance that the patient, their family or carer will be informed of further investigation findings and the recommendations for system improvement.
- Offer practical and emotional support, if warranted.
- Offer the opportunity to discuss the process with another practitioner.
- Provide prompt clinical care to prevent further harm, if required.
- Agree on future care.
- Ensure all discussions take into consideration the ethical and legal requirements relating to privacy and confidentiality of patients and practitioners.
- Keep the patient's record up to date, including conversations and documents that relate to the open disclosure process.
- Ensure appropriate communication with culturally and linguistically diverse patients by utilising interpreter services, if necessary. Using family (or other support persons) to interpret should only occur with the consent of the patient when a professional interpreter is not available.

LEGAL LIABILITIES

Our practice acknowledges that an apology is not intended to be, and should not be seen as, an admission of liability. It is recognised that an admission of fault (whether contained within an apology or not) is, in the eyes of the law, merely the defendant's opinion and not based on the facts of the incident.

Our medico legal organisation will be contacted for advice and support for all incidents of significance

RISK MANAGEMENT STRATEGIES

Our practice nurtures a culture of open communication to support the resolution of errors in clinical risk management. Every member of the practice team is encouraged to report errors or near misses so the events can be analysed and processes introduced to reduce the risk of occurrence or recurrence.

All staff have a responsibility to be actively involved in clinical risk management. As a result, they are encouraged to articulate their suggestions for improvement and report any deviations from standard clinical practice that may result in clinical harm.

Risk management is a standing agenda item at practice staff meetings where discussions and feedback are encouraged to reduce or eliminate risks. All discussions will be reflected in the minutes of the meeting and recorded in our risk register for further consideration regarding the development of risk management strategies.

All staff will be made aware of our clinical risk management system as part of their induction.

SECTION 2 – GOVERNANCE

RESPONSIBILITY

Policy administrator	Practice Manager
Approving Person	Practice Principal

CHANGE HISTORY

Version	Review date	Approved by	Description of Modifications
1	01-Jan-2021	M. Evans	Original Document