

Department: Quality and Risk

Policy Statement and Objectives

Ballan District Health & Care (BDHC) supports the principles of open disclosure and is committed to providing open and honest information to consumers about events or concerns that may have resulted in adversity, harm or potential harm while receiving care and services from BDHC.

Open disclosure reflects our ICARE values of Integrity, Collaboration, Accountability, Respect and Excellence in Care, in recognising and addressing the needs and rights of consumers and/or representatives by providing appropriate information and support if an adverse event occurs.

Communication is central to an on-going partnership with consumers/representative(s) to assist in customer choice, exercise of control and in understanding what is important to the individual.

Transparent communication when something goes wrong that may have harmed or caused potential harm to the consumer is part of the communication process.

Open Disclosure is intended to:

- Increase trust between the consumer and the organisation through partnership and engagement with consumers to ensure their safety, health and wellbeing is at the centre of planning, delivering, and evaluating care and services.
- Improve safety and quality of care and services through organisational learning.
- Assist consumers to recover from an adverse event, harm, or potential harm.
- Support staff through understanding and managing an adverse event, harm, or potential harm.

(Australian Commission on Safety and Quality in Health Care)

The purpose of the policy is to:

- Provide staff with the basic principles regarding Open Disclosure.
- Ensure staff are aware of their role and responsibility in the practice of Open Disclosure.
- Provide a framework for suitably trained staff to appropriately manage the disclosure of an unexpected or adverse event or a grievance, including acknowledgement and apology when failings are identified.
- Promote the importance of managing adverse consumer outcomes in a proactive and transparent manner.
- Support staff to confidently communicate with consumers/representative(s) according to an open and transparent process.

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- Ensure compliance with the Aged Care Quality Standards.

Scope

This policy targets all BDHC executives/senior leaders and managers, including the Board of Governance, and clinical leaders who are responsible for reporting clinical and other incidents and/or concerns resulting in adversity or harm to consumers.

Responsibilities

The BDHC Board provides governance oversight for Open Disclosure.

The Chief Executive Officer and the Senior Leadership Team are responsible for establishing open information exchange with customers and the wider community in relation to issues of clinical error, an adverse event or grievance and ensuring all staff are clear about their roles in regard to the Open Disclosure process.

Definitions

Open Disclosure: An open discussion about an incident(s) or event(s) that have harmed or had the potential to cause harm to the customer while they were receiving care and services. Open disclosure involves an apology or expression of regret (including the word ‘sorry’), an opportunity for the person to relate their experience, a factual explanation of what happened, the actual and potential consequences and an explanation of the steps being taken to manage the event and prevent recurrence.

Adversity: A difficult, unfavourable, or unpleasant situation.

Adverse event: An incident or circumstance that results in harm to a person receiving care and services.

Customer/Consumer: Customers/consumers are defined as people who receive or use one of more services across BDHC.

Expression of regret: An expression of regret is one that expresses regret for a harm or grievance experienced by the customer. It is not an admission of liability. It usually includes the words “I/we are sorry.”

Harm: May be physical, psychological, or social resulting in loss of quality of life, impairment, suffering, injury, disability or death.

Hazard: A situation that has the potential to cause injury, illness, or damage to people and/or property.

Higher level (formal) response: A comprehensive open disclosure process usually in response to an incident resulting in death or major permanent loss of function, permanent or considerable lessening of body function, significant escalation of care or major change in clinical management or major psychological or emotional distress.

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Incident: An event or circumstance which could have resulted, or did result, in unintended harm to a person or property. Incidents include adverse events, near misses and hazards.

Incident Severity Rating (ISR): A rating score that measures the severity of the impact caused to the person affected following an incident. Incidents are classified with a score of 1 (High), 2 (Moderate), 3 (Medium) or 4 (Low). ISR 1 is the highest or most severe incident. ISR 4 is the least severe. The ISR is derived from the response to three consequences questions related to: degree of impact, level of care and treatment required.

Just culture: A just culture is one where staff feel comfortable disclosing and reporting errors, including their own while maintaining professional accountability.

Liability: Legal responsibility for an action.

Lower-level response: A briefer open disclosure process usually in response to incidents or complaints resulting in no permanent injury, requiring no increased level of care (eg transfer to hospital), and resulting in no, or minor, psychological or emotional distress (eg near misses and no-harm incidents).

Near miss: An incident that did not cause harm. It includes those unplanned events that had the potential to cause harm, but did not result in injury or damage due to timely intervention and/or luck.

Notification of next of kin: Informing the next of kin when there is an incident or event without the need for a full open disclosure process at the time of the report.

Professional competence: involves experiences, attitudes and personal values used in a proper manner in response to various situations in professional practice.

Representative: a person appointed under relevant legislation to act on behalf of a consumer or a person the customer nominates to be told about matters affecting the consumer.

Principles

The 4 key principles of open disclosure are:

1. Dignity and respect

Open disclosure is underpinned by recognising each customer's right to be treated with dignity and respect. This includes respectful communication, provision of timely information in a form and language that is understood and that assists customers' exercise of control, ability to make informed choices and get the most from their care and services.

2. Privacy and confidentiality

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Customers have the right to control what personal information is recorded and with whom it is shared. To ensure there is no breach of confidentiality, it is important to seek consent from a customer and clarify with the customer the extent of information that can be shared with a family member or representative.

Where a customer has decision making capacity, only the customer can consent to information being disclosed to another person. Where the customer does not have decision making capacity, an authorised representative has the authority to nominate who receives information and should be involved in the open disclosure process.

3. Transparency

Customer trust and confidence following an adverse event or near miss is enhanced with timely response, and open and frank communication about the circumstances of the adverse event and what has been done to prevent recurrence.

4. Continuous quality improvement

Information gained through practicing open disclosure is seen as an opportunity to identify where things have gone wrong and understand, through active inquiry, any systemic causes and positive steps taken to prevent recurrence.

Practice Standards

The Elements for Open Disclosure

A. Identification of an event

Identification of when things go wrong that has harmed or the potential to cause harm by means of: consumer/representative report, staff member, complaints system, internal quality review, incident management system or external body.

B. Acknowledgment and open and timely communication

If things go wrong, customers and/or their representative should be provided with information about what happened in a timely, open, and honest manner. The open disclosure process is fluid and will often involve the provision of ongoing information.

BDHC will acknowledge when an adverse event has occurred as soon as practicable and initiate open disclosure.

C. Apology or expression of regret

As early as possible, the customer and/or representative 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.

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D. Supporting, and meeting the needs and expectations of the customer and/or representative

The customer and/or representative can expect to be:

- Fully informed of the facts surrounding an adverse event and its consequences.
- Treated with empathy, respect, and consideration.
- Supported in a manner appropriate to their needs.

E. Supporting, and meeting the needs and expectations, of those providing care and services

BDHC should create an environment in which relevant staff are:

- Encouraged and able to recognise and report adverse events.
- Prepared through training and education to participate in open disclosure.
- Supported through the open disclosure process by the Director of Clinical Services.

F. Integrated clinical risk management and systems improvement

Thorough review and investigation of adverse events, adverse outcomes and concerns should be conducted through processes that focus on the management of clinical risk and quality improvement. Findings of these reviews should focus on improving systems of care and be reviewed for their effectiveness. The information obtained about incidents from the open disclosure process should be incorporated into quality improvement activity.

G. Organisational governance

Open disclosure requires organisational governance frameworks, and clinical risk and quality improvement processes. Through these systems, adverse events are investigated and analysed to prevent recurrence. Organisational governance involves a system of accountability to ensure that appropriate changes/improvements are implemented, monitored and effectiveness reviewed.

Medico-Legal Considerations

Consideration for legal and insurance issues, both for BDHC and the staff involved.

The Director of Clinical Services and the Chief Executive Officer (CEO) will notify BDHC's indemnity insurers and lawyers, as necessary.

The Director of Clinical Services or the Quality and Risk Manager will involve BDHC's insurers for an initial discussion about the information to be disclosed prior to communication with the consumer if deemed necessary.

There may be cases where the Open Disclosure process must be varied in accordance with legal advice and instructions to ensure that legal obligations are met.

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The level of response required will be determined by the effect, severity, or consequence of the incident/concern. When a higher-level response is indicated, the relevant government department will have oversight of the open disclosure process to ensure the correct process is followed.

Events that may require Open Disclosure – Lower-level response

Incidents that are rated ISR 2, 3 or 4 will be assessed by the Nurse Unit Managers or the Allied Health and Community Manager who will decide on the response required, and communication with consumers and/or representative will be managed locally. For example:

- Near misses and no-harm incidents
- No permanent injury
- No increased level of care required (eg transfer to hospital or referral to medical practitioner)
- Infection not requiring hospitalisation
- Deterioration of customer not requiring hospitalisation
- Discretionary reportable assault or attempt to abscond
- No, or minor, psychological or emotional distress

Examples (not limited to):

- Failure to prevent the control of infection
- Incorrect administration of medication
- Use of abusive language towards a customer
- Failure to meet the nutritional needs of a customer
- Use of physical restraints without consent of customer/representative
- Failure to recognise delirium, cognitive and related functional decline, and deterioration
- Sub-standard care or risk to safety, health and wellbeing of a customer
- Failure to consider/provide cultural preferences
- Injury resulting from pressure
- Inattention of customer needs and preferences
- Failure to respond to feedback that relates to customer's health and wellbeing

However, there will be some ISR 2 incidents which will be assessed to require the higher level (formal) response process of open disclosure. These would include, among others:

- Any incident or complaint that could have possible or threatened legal implications or reputational damage
- Successful attempt to abscond

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- Allegations of physical or sexual assault

Open Disclosure Process (identify lower/higher level response required)

Lower-Level Open Disclosure meeting/notification to customer and/or representative

Notification and information given to a customer and/or representative should be factual and presented in a manner that is understood by the recipient audience. It should include a factual explanation of the known facts of the incident or complaint including:

- an expression of apology or regret
- what happened
- how or why it happened
- where and when it happened
- the plan for investigation
- the ongoing plan for management
- any steps being taken to prevent recurrence and improve practice or processes
- offer of support
- provision of contact for further questions and on-going support

Information given to the consumer and/or representative may be provided on the phone, face to face meeting, by letter or all of the above.

Higher level (formal) response

ISR 1 (and some ISR 2) incidents (as above) as well as some complaints (as below) require a comprehensive open disclosure process. These incidents/complaints will be assessed by the Nurse Unit Manager or Allied Health and Community Manager who will decide upon the response required and communication with consumer/representative will be managed at the Director of Clinical Services management level.

Examples (not limited to):

- Death or major permanent loss of function
- Permanent or considerable lessening of body function
- Major psychological or emotional distress
- At the request of the customer

(Refer to Appendix 1: Guidelines: Preparing for Higher Level (Formal) Open Disclosure)

Complaints

Complaints that are alleged to have resulted in unexpected or unintended physical or psychological harm, loss or damage or where the customer and/or representative is

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seeking financial compensation, will be assessed for the open disclosure response.

Documentation

Any communication must be recorded in the RiskMan™ incident/feedback report and the customer's electronic record.

Open Disclosure - Initial Discussion

The initial discussion with the customer and/or representative should occur as soon as possible after recognising harm:

- Face-to-face or by phone as appropriate
- At a location and time that is suitable, convenient and accessible for the customer and/or representative
- In a quiet, comfortable private area to maintain confidentiality, away from the clinical area and free from interruptions eg telephones
- With sufficient time to apologise, explain the facts of the incident, listen, and address any questions and concerns
- In a manner that empowers the customer and/or representative, and encourages their openness to ask questions in an environment that is non-threatening and avoids intimidation

During the initial discussion:

- the adverse event is acknowledged to the customer and/or representative
- an apology or expression of regret is given (including the word 'sorry') for the harm suffered
- the effect of the event, including all known facts and the consequences, are described
- avoid speculation or blame

When a **lower-level response** is indicated, it is likely that the disclosure process will be completed after the initial discussion, if all parties agree.

When a **higher level (formal) response** is indicated, three additional actions will be included in the initial discussion with the customer and/or representative:

- Signal the need to convene a higher-level open disclosure meeting.
- Negotiate the time and place, as well as identifying all the attendees or participants that will be involved and / or present in the meeting.
- Provide the customer and/or representative with the name and details of a nominated key liaison BDHC person (for example Quality and Risk Manager or Director of Clinical Services) who they can contact for further information.

Any communication must be recorded in the RiskMan™ incident report and the customer's electronic record.

(Refer to Appendix 4.2 Open Disclosure Meeting Minutes/Outcomes Template.)

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Preparing for higher level (formal) open disclosure

- Team discussion
- Choosing someone to lead the disclosure meeting
- Timing, location and attendees of the first meeting
- Planning for meeting and preparation of information

(Refer to Appendix 1 – Guidelines – Preparing for Higher Level (formal) Open Disclosure, and Appendix 4.1 Planning & Preparation for Open Disclosure Meeting Template)

Engaging in open disclosure

Key considerations and actions of the Open Disclosure meeting are:

- Provide the customer and/or representative with the names and roles of all attendees
- Provide the customer and/or representative with written information explaining the Open Disclosure process
- Provide a sincere and unprompted apology or expression of regret including the words 'I am' or 'we are sorry'.
- Clearly explain the incident and the steps that are being taken to investigate
- If it is not clear what has occurred and why, don't make assumptions – acknowledge that all the details are not yet known and an investigation will be undertaken
- Commit to a follow up meeting once details are known and full explanations can be provided
- Give the consumer and/or representative the opportunity to tell their story, exchange views and observations about the incident and ask questions
- Encourage the customer and/or representative to describe the personal effects of the adverse event on their wellbeing
- Where possible, a plan for the Open Disclosure process should be agreed by all parties involved in the process
- Assure the consumer and/or representative they will be informed of further investigation findings and recommendations for system improvement
- Offer practical and emotional support to the customer and/or representative
- Support staff members through the process and prepare to link with EAP if necessary
- If necessary, hold several meetings or discussions to achieve the above aims

(Refer to Appendix 2 – Guidelines – Conducting an Open Disclosure Meeting, and Appendix 3 – Useful Phrases for Open Disclosure Discussions)

Providing follow up

- Higher-level (formal) response open disclosure is a process and not a single

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discussion

- Follow-up is important and may occur over a considerable period, even after the customer has been discharged.
- Follow-up will be done by the individual leading the open disclosure, however it may be delegated to another member of the multidisciplinary team, depending on the circumstances.

It is important that:

- Follow up is active and not reactive
- Customers and/or representative have an opportunity to ask further questions and request additional information
- Agreement is reached between relevant parties on providing, or monitoring, ongoing care related to the incident
- BDHC will provide information on changes that have been implemented as a result of an adverse event and how the changes will improve safety
- The customer and/or representative are offered an opportunity to discuss the process with another relevant professional such as a general practitioner or higher-level manager within the organisation

Completing the process

- The open disclosure process concludes with shared agreement between the customer and/or representative and the care team. In most cases, this will occur after the adverse event review or investigation is completed.
- When the relevant review or investigation is complete, the customer and/or representative should be provided with the opportunity to review the outcome in their preferred manner, either face to face or in writing.

The interview and document should include:

- Details of the incident, including the clinical facts and other relevant facts
- The customer's concerns or complaints
- An apology or expression of regret (including the word 'sorry') for the harm suffered
- A summary of the factors contributing to the adverse event
- Information about steps that have been taken to minimise the risk of recurrence of the adverse event, and how these improvements will be monitored
- An opportunity for the customer and/or representative to ask questions

If further issues are identified after the process is completed, the consumer and/or representative should have the opportunity to re-contact the open disclosure responder for a response to their questions.

Unable to Reach Solution

Sometimes the relationship between the consumer and/or representative, and the care team can break down. It is important that this not be seen as failure if all of the

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necessary steps and components of open disclosure are followed.

If a complaint cannot be resolved within the organisation, the customer and/or representative should be provided with the contact details of the Sentinel Event Program at Safer Care Victoria or the Aged Care Quality & Safety Commission (My Aged Care portal for Serious incidents) or other external advocacy agency.

Documentation

Maintain a detailed record of the open disclosure process:

- Whilst the person remains a consumer of BDHC, all communication must be recorded in the RiskMan™ incident report/feedback report and the customer's electronic record including a record of all meetings including a list of attendees.
- If the person is no longer a consumer, a record of all meetings will be documented on a meeting transcript. The ongoing documentation will be kept by the Director of Clinical Services and the Quality and Risk Manager.
- Retain a copy of all documents relating to the open disclosure.
- Provide the customer and/or representative with documentation throughout the process if requested. (*Refer to Appendix 4.1 Open Disclosure Meeting Minutes/Outcomes Template*)

Any documentation provided to customer and/or representative must be reviewed a Senior Executive Manager before dissemination.

Education and Training

Education for general staff in the culture of openness and partnership promotes a culture of consistently good communication. Training is also provided for staff to ensure they know how to identify and raise concerns when something goes wrong and to be able to provide support to customers/representative/s when something goes wrong.

Formal training in Open Disclosure must be completed by all senior management staff (who are likely to take part in open disclosure conversations) every three years.

Reporting Higher Level (Formal) Open Disclosure

The Quality and Risk Manager will complete quarterly reports on higher level (formal) open disclosure to the Senior Leaders Team and Clinical Governance Committee/ Quality and Risk Operations Committee.

The Report may include the number of open disclosure processes commenced and concluded in a reporting period triggered by:

- an incident
- a complaint
- customer request

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Appendix 1: Guidelines – Preparing for Higher Level (Formal) Open Disclosure

Monitoring and Improvement

Open disclosure forms part of BDHC's broader focus on clinical quality and safety performance.

Monitoring and review of processes help to understand the effectiveness of open disclosure, outcomes for consumers and to identify any areas for improvement. Any changes implemented following open disclosure should be monitored for their effectiveness. Information about the outcomes of quality improvements can be given to the consumer/representative and staff.

This Policy shall be reviewed at least every three years or when needed.

Appendices and Templates

Appendix 1: Guidelines: Preparing for Higher Level (Formal) Open Disclosure

Appendix 2: Guidelines: Conducting an Open Disclosure Meeting

Appendix 3: Useful Phrases for Open Disclosure Discussions

Appendix 4: Open Disclosure Templates

4.1: Planning & Preparation for Open Disclosure Meeting

4.2: Open Disclosure Meeting Minutes and Outcomes

Related Documents

- *Complaints and Feedback Management Policy*
- *Incident Management Policy*
- *Privacy of Personal and Health Information Policy*
- *Consent Policy*

Key Legislation, Acts and Standards

- *Single Quality Framework Aged Care Quality Standards 2017*

References

- *Australian Open Disclosure Framework Australian Commission on Safety and Quality in Health Care (2014) ACSQHC, Sydney*
- *Open Disclosure Framework & Guidance (2019) Aged Care Quality & Safety Commission*
- *'Just-in-time' information for healthcare providers. ACSQHC 2013)*

Contributors

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Committee/s:	Quality and Risk Operations Committee		16/10/2020

Appendix 1: Guidelines – Preparing for Higher Level (Formal) Open Disclosure

Team Discussion

A meeting will be convened within 5 days (or at customer/representative/s request) of the event including the relevant manager, and the multidisciplinary team involved in the adverse event/incident or complaint. The purpose of the meeting is to:

- decide who will lead the discussion and who will participate (see below)
- ensure that all the necessary facts are established
- identify immediate support needs for staff involved
- determine if an interpreter will be necessary and involve as required
- identify potential areas of conflict or disagreement
- agree on a basic plan or agenda
- give consideration and discussion to how the incident is conveyed to the customer and/or representative, ensuring that all team members maintain a consistent approach in their discussions

Consideration is given to:

- legal and insurance issues, both for the organisation and the staff
- issues regarding ongoing care such as billing and other costs should be addressed at the earliest opportunity.

A detailed summary of the open disclosure discussions should be entered into the customer's electronic record.

Note: While careful scripting is not recommended, it is important to have a basic idea of what will be discussed to avoid saying something that may need to be retracted later (*refer to Appendix 3: Useful Phrases for Open Disclosure Discussions*)



Choosing the individual to lead the disclosure

The individual leading the open disclosure should, ideally, be the most senior manager who is responsible for the care of the customer and meets the following criteria (Relevant Manager):

- be known to the consumer and/or representative
- be familiar with the facts of the adverse event and the care of the consumer
- be of appropriate seniority to ensure credibility
- have received training in open disclosure
- have good interpersonal skills
- be able to communicate clearly in everyday language
- be able and willing to offer reassurance and feedback to the customer and/or representative
- where possible and appropriate, be willing to maintain a medium to long-term relationship with the customer and/or representative (if appropriate)
- be informed of any future legal implications

NOTE: The person leading the open disclosure may require the support of a senior manager with appropriate skills.



Timing, location and attendees of the first meeting

- The timing and location of open disclosure meetings should be decided in consultation with the consumer and/or representative
- The consumer and/or representative should be consulted about which members of the multidisciplinary team will participate in the open disclosure meeting.
- If it becomes apparent that the consumer would prefer to speak to a different person than those designated to lead the open disclosure, their wishes should be respected and, if possible, an acceptable substitute provided.
- Scribe for recording meeting minutes

Appendix 2: Guidelines – Conducting an Open Disclosure Meeting

Beginning the meeting

- Find a suitable place to hold the meeting, in consultation with the customer and/or representative
- Turn off mobile telephones (if possible)
- Be conscious of positioning and body language
- Introductions and participants' names and titles are provided in writing to customer and/or representative
- Describe the purpose of the conversation

Listen and empathise throughout

- Assess the customer and/or representative's understanding of what happened
- Identify the customer and/or representative's key concerns
- Actively listen (repeat back in your own words what the customer and/or representative is saying)
- Acknowledge and validate the customer and/or representative's feelings

Apology/expression of regret

- The lead will say they are sorry for the adverse event in a sincere manner early in the conversation, even if an apology was provided in an earlier discussion

Explain the facts

What happened and the role of team members? What are the consequences?

- Identify the adverse event early in the discussion
- Explain what happened in plain language
- Explain what is known about why the adverse event happened (*do not speculate on causes or blame others; do not pre-empt results of investigations or reviews. Work with colleagues to provide a consistent approach*)
- Tell the consumer and/or representative what should have happened
- Explain your role in the incident and the role of other members of the care and support team

Do not blame others or 'the system'

- Explain how the short-term consequences will be treated or managed
- Explain how the event is likely to impact the medium, and long-term care and what will be done to care for the consumer and/or representative
- Explain how billing and other cost of consequent care will be managed (if applicable)
- Explain what will be done to ensure that a similar event doesn't happen to others

Invite customer and/or representative response: ***How do they feel about what happened?***

- Consumer and/or representative tell their story about incident
- Consumer and/or representative ask questions
- Consumer and/or representative describe personal effects and impact of adverse

Appendix 2: Guidelines – Conducting an Open Disclosure Meeting

event

- BDHC team listen and explore customer and/or representative concerns and respond to questions

Closing the discussion

- Discuss the next steps and plan for a follow up conversation
- Confirm how results and information is best provided – meeting/letter
- Ask the customer and/or representative if they have any questions and provide responses
- Provide the details of the BDHC contact person in writing

Following up

- Provide a written meeting summary to the customer and/or representative, if requested
- File a copy of this summary in the appropriate place in the customer record

(Adapted from: ‘Just-in-time’ information for healthcare providers. ACSQHC 2013)

Appendix 3: Useful Phrases for Open Disclosure Discussions

The open disclosure process does not need to be a tightly scripted. However, it is important to practice the words you will use so you feel comfortable and natural with the language when the need arises, without appearing to be rehearsed, defensive or concealing.

The following text provides phrases to use with the customer/representative in an open disclosure conversation.

- 'Let me tell you what happened.'
- 'Let me tell you how sorry I am that this has happened.'
- 'I want to discuss with you what this means for you (your family member), but first I'd like to apologise.'
- 'I want to discuss with you what this means for your (your family member) health.'
- 'I'm sorry, this shouldn't have happened. Right now, I don't know exactly what happened, but I promise you we're going to find out and do everything we can to make sure it doesn't happen again.'
- 'I will get back to you as soon as we know what happened and we can talk about the steps we will take to prevent it happening again.'
- 'Our organisation takes this very seriously and we will look into it to find out exactly what happened and what we can do to prevent it happening again.'
- 'Do you have all the information you need? I'm here if you have any other questions.'
- 'I know it's hard to take it all in so I'm happy to go over this again another time.'
- 'Would you like us to contact you to set up another meeting to talk about what has happened and answer any questions you may have?'

Phrases to avoid (for example)

- 'I am sorry that we were negligent in your care ...'
- 'I am afraid that it was my fault'.
- 'It appears that the (staff member) failed to consider ...'
- 'We can't be sure what happened, but it appears that there could have been a medication error or maybe you had a reaction to the medication.'

(Adapted from: 'Just-in-time' information for healthcare providers. ACSQHC 2013)

Appendix 4: Open Disclosure Templates

1. **Planning and Preparation before the Meeting**
2. **Open Disclosure Meeting Minutes/Outcomes**

The purpose of the templates

The Planning and Preparation Meeting template is designed to assist staff with planning and preparing for the stages in the open disclosure process. And to facilitate communication and information sharing among the team and other relevant personnel at before and during the open disclosure meeting process and throughout the subsequent open disclosure process (if required).

The Open Disclosure Meeting Minutes/Outcomes Template is to assist in prompting the discussion points and recording the meeting minutes and immediate and subsequent outcomes.

Using the templates

All relevant information should be entered in the template and attached to the customer record (and RiskMan if the event is a reported incident or complaint) so that it is accessible for future reference. It is important that all personnel involved in the meeting/s with the customer read and agree upon the contents of this document.

A copy of the meeting minutes/outcomes may be supplied to the customer/representative/s if requested.

Appendix 4: Open Disclosure Templates

1. Planning and Preparation before Open Disclosure Meeting

Person's full name (including title)	
Unique Identifier/UR/Date of Birth	
Diagnosis and comments about management etc (if relevant)	
Date of event triggering the open disclosure process	
Nominated person to lead the discussion	
Event description	
Event outcome	
Names and relationship of relevant representative/s	
Customer/representative/s understanding of the event prior to the first meeting	
Plan for further management and investigation of event	
Healthcare providers/clinicians/others involved in customer care	
Interpreter required? If so, provide details of language and arrangements that have been or to be made	Y/N
Has the customer (if able) consented to sharing information with family members/others?	Y/N
Open Disclosure information supplied to customer/representative/s	Y/N
Person responsible for documentation of the meeting in the customer electronic record?	

Appendix 4: Open Disclosure Templates

2. Open Disclosure Meeting Minutes/Outcomes

Customer Name/Identifier	
Location of event/Date of event	
Date of meeting	
Location of initial meeting	
Names and introductions of all present	
Explanation of the purpose of the open disclosure meeting	
Apology or expression of regret	
Description of what happened	
Information to be provided about short/long-term effects	
Discussion of what will happen next	
Concerns expressed by consumer/representative/s including requests for further information to be supplied	
Assurance for customer/representative/s that they will be informed when further information comes to hand	
Information about further support available to the customer/representative/s	
Contact person given to customer/representative/s if they have further questions	
Contact person for the consumer/representatives/s	
Date and location for next meeting	
Consumer/representative/s satisfied with process?	
Signatures: (if required)	