POLICY – OPEN DISCLOSURE

ID No: FBC-18-872 Version: 1.0

Applies to:	• All Employees, Contractors, Volunteers
Applicable Standards	• Aged Care and NDIS Quality Standards
Applicable Legislation:	• Aged Care Act 1997
	• NDIA Act

Introduction

Open disclosure is the open discussion with a client and/or their support person(s) about incidents that resulted, or could have resulted, in harm to a client while receiving care.

Family Based Care Tasmania (FBC) is committed to creating a positive culture of trusted and productive communication between clients, support persons, and the workforce, in which open disclosure is standard practice. This policy forms part of our broader organisational incident management system.

Purpose

The purpose of this policy is to:

- enable FBC staff to communicate openly with clients, and their support person(s), when an adverse event occurs;
- ensure that communication with, and support for, all affected clients and staff occurs in a supportive and timely manner; and
- provide a framework for open disclosure that establishes a standardised approach to open disclosure for all clients.

Definitions

For the purposes of this policy, the following definitions apply:

Adverse event: is any event or circumstance which resulted in unintended and/or unnecessary psychological or physical harm to a patient during an episode of health care.

Harm: is any damaging effect arising from an incident and may include disease, injury, suffering, loss of quality of life, impairment, disability, or death. Harm may be physical, social, or psychological.

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

No-harm incident: is an incident where the patient was exposed to a harmful situation but where no harm resulted.

Scope of policy

This policy applies to all communications with clients and their support persons following harm from an adverse event, no-harm incidents, or near misses across all areas of FBC.

While the policy focuses on adverse events, the harm suffered by a client does not have to be serious or permanent for open disclosure principles to apply.

Open disclosure: key elements

Open disclosure consists of five key elements, which are:

1. an apology;
2. a factual explanation of what happened;
3. an opportunity for the client to share their experience;
4. a discussion of the potential consequences; and
5. an explanation of the steps being taken to manage the incident and to prevent recurrence.

In addition to these core elements, open disclosure includes:

- identifying when things go wrong;
- acknowledging to the client and their support persons(s) when things have gone wrong;
- listening and responding appropriately when the client, or their support person(s), express their concerns or feelings;
- the opportunity for the client and/or their support person(s) to ask questions; and
- providing immediate support to clients and/or their support persons(s), and workers, and addressing their needs to cope with the consequences of an incident.

Open disclosure may involve one discussion, or a series of interactions. The duration of the process will depend on the severity and nature of the incident, the needs of the client and/or their support person(s), how the investigation into the incident progresses, and whether the client has any ongoing care needs as a result of the incident.

Promoting a culture of open disclosure

FBC commits to the following key actions, and will ensure that all workers are trained and supported to implement these actions. Implementation of these actions will contribute to successful open disclosure:

- establishing good rapport and relationships with clients, as well as their support persons, from the outset of their care;
- ensuring managers are committed to, and demonstrate, a culture of honesty and effective communication;
- ensuring that informed consent is obtained, and that the client has reasonable expectations prior to receiving the care, treatment, or procedure;
- accurately communicating the potential risks involved in health care procedures, and care facilities;
- acknowledging an unexpected event as close to the occurrence of the event as possible, even if further investigation is needed;
- refraining from speculating on the causes of an incident, making unrealistic promises, or attributing blame;
- remaining respectful to the client, their support persons, and other workers at all times;
- communicating compassion and remorse when talking with clients; and
- listening actively to clients during disclosure or discussions and being conscious of body language.

Authorised by:  Date: 17/06/24

President of the Board