

CHL - Open Disclosure Policy and Procedure

Policy Purpose

Catholic Healthcare (CHL) has a strong commitment to:

- Maintaining high standards of governance, compliance, and general ethical behaviour.
- A clear, consistent, and transparent approach to open communication with our clients, their families/carers.
- A culture of open disclosure when adverse events occur no matter the care or service setting.

CHL recognises that an Open Disclosure Policy is an essential part of its risk management and governance practices.

The Purpose of this Policy is to:

- Describe the meaning of Open Disclosure.
- Outline principles of Open Disclosure.
- Outline key elements of Open Disclosure to set out the minimum requirements of a consistent disclosure process within Catholic Healthcare.
- Outline the roles and responsibilities for Catholic Healthcare staff in relation to Open Disclosure.

What is Open Disclosure?

Open Disclosure is a process for ensuring that open, honest, empathic, and timely discussions occur between residents/clients and/or their support person(s) and Catholic Healthcare staff following a potential harm (including allegations) or actual harm.

Open Disclosure is an integral part of incident management and complaints management in Catholic Healthcare and is a key element of the early response and investigation of resident/client/patient safety incidents.

As per Aged Care Quality and Safety Commission Open Disclosure Framework and Guidance Material, Open Disclosure is the open discussion that an aged care provider (Catholic Healthcare) has with resident/clients/patients when something goes wrong that has harmed or had the potential to cause harm to a resident/client/patient. Harm may be physical, psychological, or social resulting in loss of quality of life, impairment, suffering, injury, disability, or death.

Open Disclosure is an open, honest, and respectful practice of communicating with a resident/client when things go wrong, addressing any immediate needs or concerns and providing support, apologising, and explaining the steps the provider has taken to prevent the event or similar event happening again. Open Disclosure may also involve the resident/client's family, carers, and other support people and representatives when a resident/client would like them to be involved.

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Principles of Open Disclosure

- Dignity and Respect: I have the right to be treated with dignity and respect, to be listened to and understood, and to have a person of my choice, including an aged care advocate, support me or speak on my behalf.
- Privacy and Confidentiality: I have the right to personal privacy and to have my personal information protected.
- Transparency: I have the right to be informed about my care and services in a way I understand, to direct my care, and to access all information about myself, including information about my rights, care, and services.
- Continuous Quality Improvement: I have the right to receive safe and high-quality care and services.

Key Elements of Open Disclosure

- Identify when things go wrong.
- Address immediate needs and provide support.
- Acknowledge and apologise or express regret.
- Find out and explain what happened.
- Learn from the experience and make improvements.

Policy Application

This policy applies to all Catholic Healthcare, its employees, and all service areas.

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1. What Do Staff Need to Do for Open Disclosure?

There are 5 key elements of an Open Disclosure and must always be adhered to by all Catholic Healthcare staff (in-line with their roles and responsibilities):

1. Identify when things go wrong	<p>Open Disclosure begins with identifying when something has gone wrong that has harmed or had the potential to cause harm. Harm may be physical, psychological, or social resulting in loss of quality of life, impairment, suffering, injury, disability, or death.</p>
2. Address immediate needs and provide support	<p>Make sure the resident/client is safe and provide practical and emotional support to resident/client or Authorised Representative and staff members based on the needs and preferences of the individuals involved.</p>
3. Acknowledge and apologise or express regret	<p>As early as possible, the resident/client/patient should receive an apology or expression of regret for any harm that resulted from an adverse event. Acknowledging and apologising when things go wrong is part of the Open Disclosure process, even if it was no one's fault. 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.</p>
4. Find out and explain what happened	<p>Gather all necessary information to find out and explain what happened in a way the resident/client understands.</p> <p>Providing ongoing care and support to residents/clients and/or their support person(s) which is considerate of their needs and expectations, for as long as is required, so that they:</p> <ul style="list-style-type: none"> • Are fully informed of the facts surrounding a resident/client safety incident and its consequences. • Are treated with empathy, respect, and consideration. • Are supported in a manner appropriate to their needs. • Continue to receive appropriate and safe treatment.
5. Learn from the experience and make improvements	<p>Catholic Healthcare seeks to use Open Disclosure to learn and to find and act on things it could improve about its current systems, practice, or culture.</p>

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2. Roles and Responsibilities of Catholic Healthcare Staff

All staff should be aware of Open Disclosure. The responsibilities of staff for Open Disclosure varies depending on their roles.

<p>1. Incident identification</p> <p><i>RAC Residential Manager</i></p> <p><i>RAC Regional Manager</i></p> <p><i>HCS Regional Manager or Business Manager</i></p> <p><i>Retirement Village Manager</i></p> <p><i>Staff</i></p>	<ul style="list-style-type: none"> • Identify incidents through a variety of mechanisms. • Following identification that something has gone wrong take immediate action to address any actual or potential harm. This should include ensuring that adverse effects arising from what went wrong are rectified/resolved and future potential harm is prevented. Immediate care must be provided to the resident/client including any others who might be affected, to prevent further harm. • All steps must be taken to protect resident's/client's privacy and confidentiality. This includes asking residents/clients whether they would like a family member or other nominated support person to be involved in the process. If the resident/client wishes to involve others, they can be involved from the outset to give appropriate support to the resident/client and to help with understanding how the matter has affected or may have affected the resident/client. • Assess the incident and establish facts to involve information being sought from resident/clients and/or families and staff affected by the incident to help inform these questions: <ul style="list-style-type: none"> ○ What happened? ○ Why did it happen? and ○ How can it be prevented from occurring again? • This is not a process to apportion blame; it is designed for learning and understanding how to improve outcomes for resident/clients.
<p>2. Internal escalations and notifications</p> <p><i>Residential Manager or appointed delegate</i></p>	<ul style="list-style-type: none"> • Notify relevant individuals, authorities, and organisations (e.g. insurer, Department of Health, NDIS Commission, ACQSC, and police (as appropriate) for mandatory reporting incidents). • Acknowledgement of a potential or actual harm to the resident/client and/or their support person(s), as soon as possible, generally within 24 hours of the incident. This includes recognising the significance of the incident. Note any comments and observations by the resident/client and answer any questions the resident/client may have. • Signal the need for Open Disclosure. • Avoid speculation and blame.

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<p>3. Preparing for Open Disclosure</p> <p><i>Clinical Governance and Safe Care team</i></p> <p><i>RAC Regional Manager</i></p> <p><i>HCS Regional Manager or Business Manager</i></p> <p><i>Retirement Village Manager</i></p>	<ul style="list-style-type: none"> • Gather all necessary information. • Notify, and consult with, professional indemnity insurer (Legal). • Ensure resident/client record is up to date. • Identify appropriate participants (offer the resident/client an opportunity to invite a support person if appropriate). • Arrange the first meeting in consultation with the resident/client (but consider deferring the meeting if Open Disclosure might have an adverse impact on the resident/client's mental health). • Consider how practical support of the resident/client for expenses and ongoing care will be addressed. • Provide support for as long as required, in line with needs and preferences of the resident/client. <p>Note: The scale of the response will depend on whether the adverse event is serious (e.g., caused permanent and significant harm) or whether the adverse event was a near miss or no-harm incident.</p>
<p>4. Engaging in Open Disclosure</p> <p><i>Clinical Governance and Safe Care team</i></p> <p><i>RAC Residential Manager</i></p> <p><i>RAC Regional Manager</i></p> <p><i>HCS Regional Manager or Business Manager</i></p> <p><i>Retirement Village Manager</i></p> <p><i>Staff</i></p> <p><i>Legal (if required)</i></p>	<ul style="list-style-type: none"> • Acknowledge the adverse event. • Provide a sincere and unprompted apology or expression regret including the words "I am sorry". • Clearly explain the incident. • Give the resident/client the opportunity to provide their observations about the incident and ask questions. • Encourage the resident/client to describe the personal effects of the adverse event. • Assure the resident/client that they will be informed of further findings. • Discuss and agree on future actions or steps if required. • Offer practical and emotional support to the resident/client and anyone else directly or indirectly affected. • If necessary, hold several meetings with the resident/client and if they wish, their family and carers. • If further meetings are required, a plan for those meetings should be agreed upon, recorded, and signed.

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<p>5. Completing the process</p> <p><i>Clinical Governance and Safe Care team</i></p> <p><i>RAC Residential Manager</i></p> <p><i>RAC Regional Manager</i></p> <p><i>HCS Regional Manager or Business Manager</i></p> <p><i>Retirement Village Manager</i></p> <p><i>Staff</i></p> <p><i>Legal (if required)</i></p>	<ul style="list-style-type: none"> Assure the resident/client that further information and follow-up care will be provided. Invite the resident/client to submit complaints to regulators. Maintain contact if the investigation is ongoing and share outcomes and practice changes with the resident/client. Where relevant, reach mutual agreement with the resident/client about agreed actions or steps, or offer an alternative course of action. Where relevant, provide a final written and verbal communication to resident/client. Communicate any relevant information to other care providers.
<p>6. Maintaining documentation</p> <p><i>All CHL Staff</i></p>	<ul style="list-style-type: none"> Keep the resident/client record up to date. Maintain a record of the Open Disclosure process. File documents, e.g., any notes/ letters, in the resident/client record. Provide the resident/client with documentation throughout the process (verify contents with indemnity insurer beforehand).
<p>7. Support for staff</p> <p><i>Clinical Governance and Safe Care team</i></p> <p><i>RAC Residential Manager</i></p> <p><i>RAC Regional Manager</i></p> <p><i>HCS Regional Manager or Business Manager</i></p> <p><i>Retirement Village Manager</i></p>	<ul style="list-style-type: none"> Ensure all staff have access to practical and social support after the incident. Ensure information about CHL's Employee Assisted Program (EAP) is provided. Check in with staff regularly to identify those staff that may be at risk and refer to appropriate services as required. Consider debriefing – formal or informal, ensuring that the confidentiality and privacy of individuals involved is maintained.

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3. References to Other CHL Policies and Procedures

- CHL Human Resources Systems
- CHL Legal and Mission Systems
- [CHL Safeguarding Policy](#)
- CHL Safeguarding Procedure
- [HCS Business Process: Complaints Management](#)
- [HCS Complaints Management Policy](#)
- [HCS Client Incident Management Policy](#)
- [HCS Client Incident Reporting and Management Procedure](#)
- [HCS Protecting Vulnerable Persons Policy](#)
- [Incident Definitions – SharePoint Incident Management System](#)
- [RAC Continuous Quality Improvement \(CQI\) Policy](#)
- [RAC Critical Assessment Scale \(CAS\) A3 Poster](#)
- [RAC Feedback & Complaints Management Policy and Procedure](#)
- [RAC High-Impact or High-Prevalent Risks Policy](#)
- [RAC Incident Management Systems Manual](#)
- [RAC National Disability Insurance Scheme \(NDIS\) Policy Guideline](#)
- RAC_Positive Behaviour Support and Restrictive Practices Policy
- [RAC Resident Information Management Policy](#)
- [RL - Complaints and Dispute Resolution Policy and Procedure](#)

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4. References to Standards and Legislation

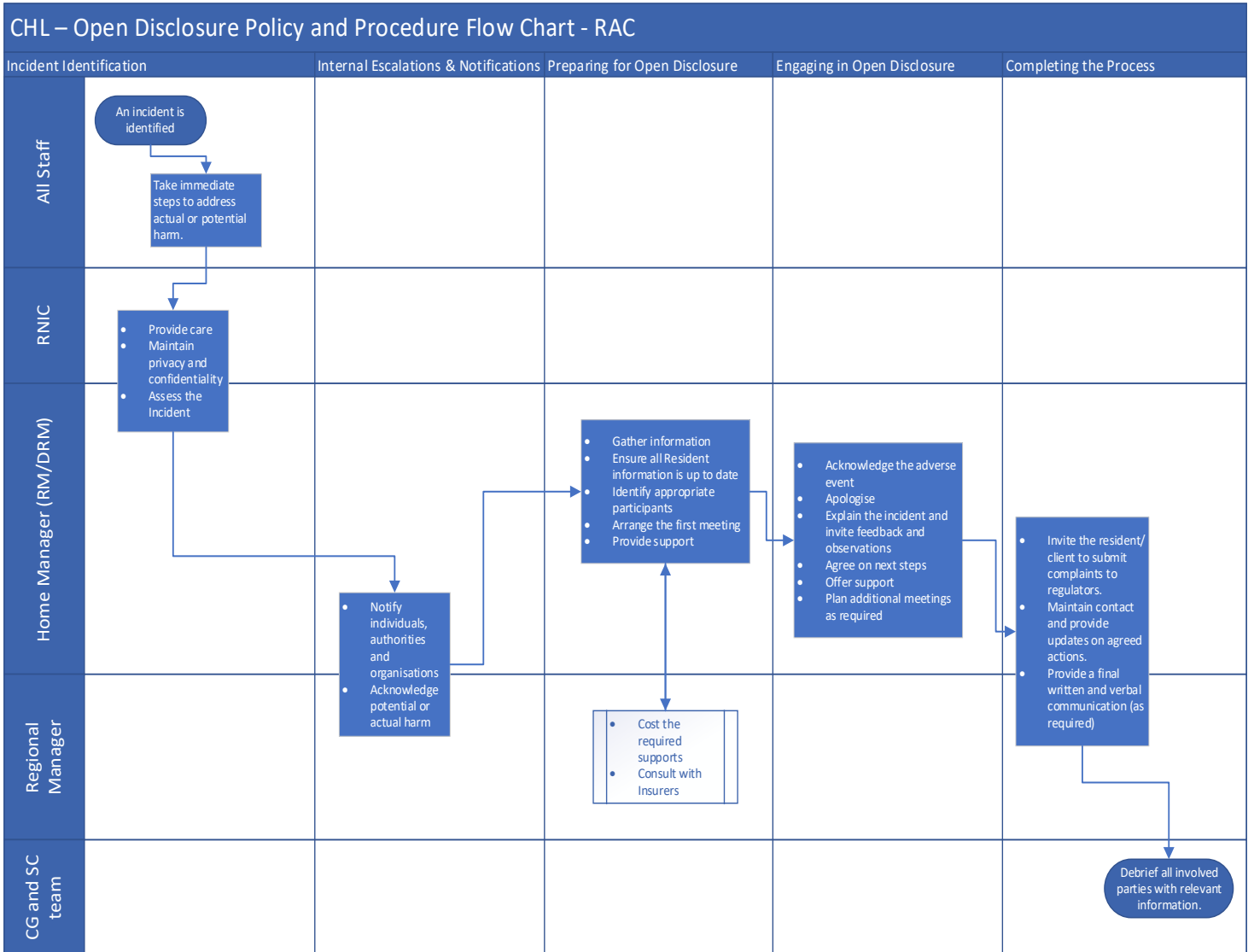
- Aged Care Quality Standards – Standard 6, Requirement (3)(c) Appropriate action is taken in response to complaints and an Open Disclosure process is used when things go wrong.
- Aged Care Quality Standards – Standard 8, Requirement (3)(e)(iii) A clinical governance framework including Open Disclosure.
- [Aged Care Quality and Safety Commission Open Disclosure Framework and Guidance.](#)
- [Civil Liability Act 2002 \(NSW\)– section 69 \(Effect of apology on liability\).](#)
- [Health Records \(Privacy and Access\) Act 1997 \(ACT\).](#)
- [National Disability Insurance Scheme \(Incident Management and Reportable Incidents\) Rules 2018.](#)
- [National Disability Insurance Scheme \(Complaints Management and Resolution\) Rules 2018.](#)
- [Privacy Act 1988 \(Cth\)](#) and [Australian Privacy Principles.](#)
- [User Rights Principles 2014: Charter of Rights and Responsibilities for both Residential Care and Residential Care.](#)
- Resources and references from the Aged Care Quality and Safety Commission, Guidance and Resources for Providers to support the Aged Care Quality Standards
 - [Aged Care Quality and Safety Commission: Fact Sheet – Resolving concerns about aged care.](#)
 - [Australian Commission on Safety and Quality in Healthcare – The Australian Open Disclosure Framework.](#)
 - [Australian Commission on Safety and Quality in Healthcare – Saying sorry. A guide to apologising and expressing regret during Open Disclosure.](#)
 - [Better Practice Guide to Complaint Handling in Aged Care Services.](#)
 - [Commonwealth Ombudsman Better Practice Guide to Complaint Handling.](#)
 - [The National Aged Care Advocacy Program.](#)

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5. Flow Chart

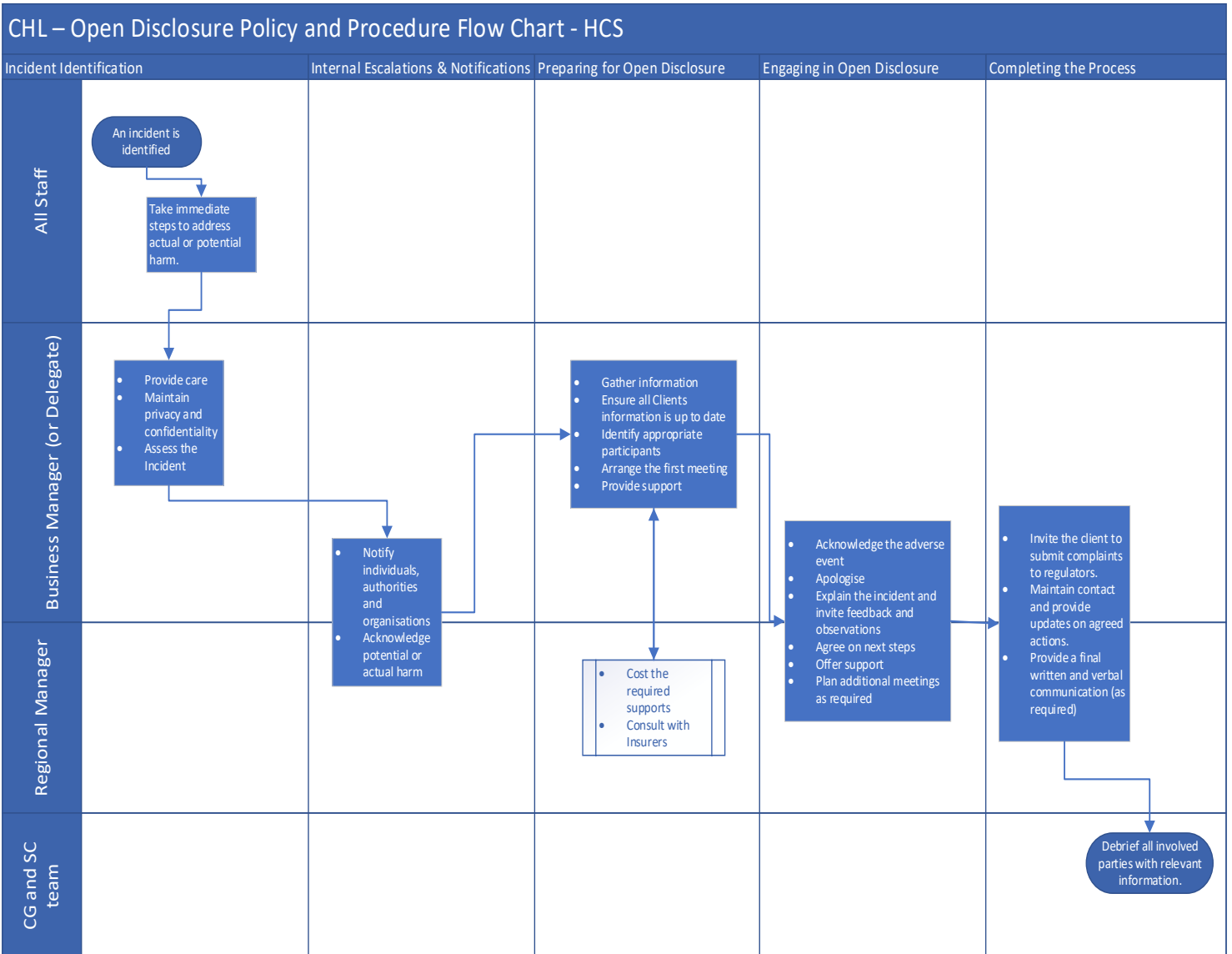
5.1. Residential Aged Care



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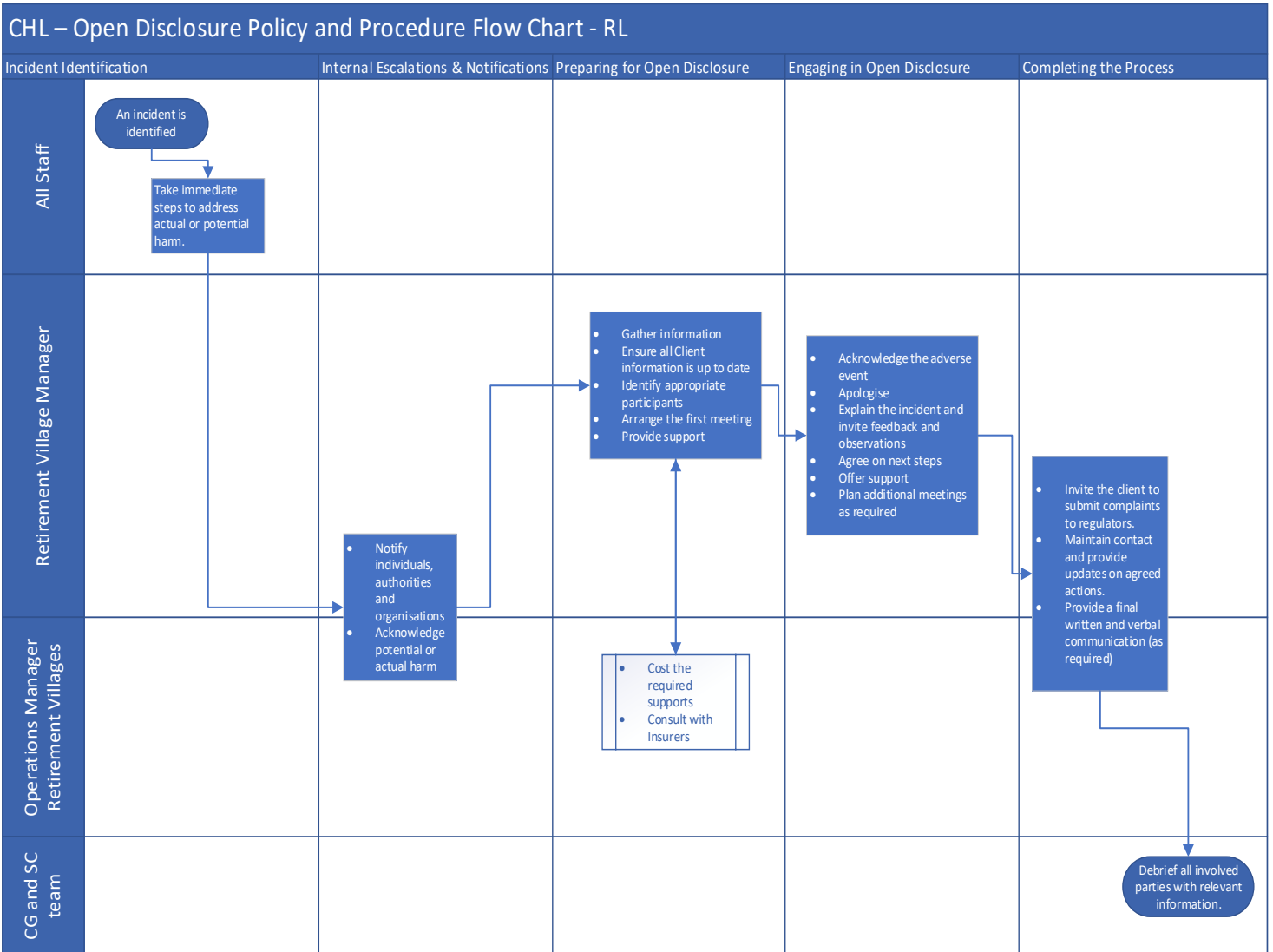
5.2 Home and Community Services



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5.3 Retirement Living



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6. Review History

Version Number	Date of update	Outline of Change
Version 3	23 March 2023	Update to exclude all references to health services due to transfer out of these services. Update to include references to Safeguarding Policy and Procedure. Update to include references to NDIS Rules.
Version 2	23 February 2022	Updated to include Hospital and Health Care Services, Residential Aged Care (including National Disability Insurance Scheme Participants), Retirement Villages and Home and Community Services.
Version 1	18 October 2021	Created.

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