

Policy and Procedure

Open Disclosure Policy

Purpose

To establish a standard approach for communicating with SWSPHN staff, commissioned providers and organisations, stakeholders and consumers, carers and members of the SWS community following an incident, to provide empathetic, transparent and timely communication and support for affected individuals.

Policy

Employing a systematic open disclosure process will ensure SWSPHN manages adverse incidents systematically, while providing broader benefits through improved communication and systems.

Applicability

All SWSPHN staff.
SWSPHN commissioned service providers and organisations.
SWSPHN stakeholders.

Associated documents

Legislation and best practice guidelines:

- National Safety and Quality Health Service (NSQHS) Standards
- Australian Open Disclosure Framework

Internal policies and documents:

- Commissioning Incident Management Policy and Procedure
- Incident Management Flowchart
- Incident Risk Assessment Matrix
- Incident Categories Form
- WHS Policy and Procedures Manual
- Mental Health Clinical Governance Manual
- Clinical Governance Framework

Roles and responsibilities

Policy owner Ensure that this policy document is published and implemented, progress is monitored and that it is reviewed according to the document control schedule outlined in the policy.

Executive sponsor Provide advice to the policy owner, approve the final document and present it at the Senior Staff Meeting for approval.

CEO	Ensure open disclosure process is in place at SWSPHN.
Executive	Ensure implementation of the open disclosure process within SWSPHN. Ensure there is education available for new and current staff about the open disclosure process. Initiate reviews of the open disclosure policy and procedures.
Management	Participate in the open disclosure process. Support staff who are participating in the open disclosure process. Ensure staff can access resources, training and education regarding open disclosure.
SWSPHN Staff	Initiate and participate in the open disclosure process when an incident occurs. Report incidents to their manager as per WHS Policy and Procedures Manual and Commissioning Incident Management Policy and Procedure.

Procedure

Open disclosure must occur when something goes wrong and as a result, a staff member, member of the community or other stakeholder has been adversely impacted or harmed. This includes events resulting in injury, damage or other loss

Transparency and timeliness of communication

If the incident impacts a staff member, member of the community or other stakeholder, SWSPHN will provide the staff and/or consumer and their family/carers with information about what happened in a timely, open and honest manner. Efforts will be made to ensure that a fluid process is maintained with the ongoing provision of information.

In the event of an incident relating to a PHN commissioned service, the PHN will ensure the following:

- Report is provided by commissioned service detailing their investigation into the matter.
- Steps the organisation is taking to mitigate future risk.
- Process the commissioned service will take in communicating to consumers, services or stakeholders affected by the incident.

Acknowledgement of the incident

SWSPHN will initiate the open disclosure process and acknowledge an adverse event to affected parties as soon as practical, additionally if this incident occurs through a PHN commissioned service the PHN will seek to formalise acknowledgement of this incident as soon as possible.

Expression of regret/apology

- SWSPHN will issue an apology or expression of regret as early as possible to the affected staff member/s, consumer, their family/carers, or ensure that this has come from a PHN commissioned provider for any harm that resulted from an adverse event. *This 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.*

- Recognition of the reasonable expectations of the staff member, consumer and their family/carer, PHN commissioned provider, stakeholders and partners, SWSPHN will endeavour to:
 - Fully disclose the facts surrounding an adverse event and its consequences i.e. exactly what has happened and how it has impacted the person
 - Treat all parties with empathy, respect and consideration
 - Offer support in a manner appropriate to those involved e.g. provide first aid, phone emergency contact person, offer water, make them as comfortable as possible.
 - Refer any discussions around reimbursement of costs/compensation to SWSPHN’s insurer within 7 days.
 - Where relevant and/or if requested, provide the affected party with a copy of SWSPHN’s Stakeholder Satisfaction policy or the PHN commissioned provider’s Complaints Policy.

Support

SWSPHN will strive to create an environment in which all staff and commissioned service providers 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.

Confidentiality

SWSPHN will consider privacy and confidentiality throughout the entire open disclosure process, in accordance with Privacy and Confidentiality Policy and Privacy Legislation and Guidelines.

Definitions

Word/Term	Definition
Apology	An expression of regret, sympathy or compassion given to an Individual following an incident. An apology DOES NOT imply an admission of fault or liability in connection with the incident.
Commissioned services	Services provided to a client by a third party on behalf of SWSPHN.
Incident	Any event resulting in (or with potential to result in) injury, damage or other loss.
Open disclosure	A transparent discussion with a person about an adverse incident(s) that occurred. This discussion needs to include an expression of regret, and a factual explanation of what happened, the potential consequences and the steps being taken to manage the event and prevent recurrence.

Document control

Policy review every (choose most applicable) 1 year 2 years 3 years

Version	Date Commenced	Policy Owner	Change Description	Review Date	Authorising Executive
V1.0	March 2016	Health Programs Manager	New Policy	March 2019	Director of Planning and Performance
V2.0	December 2017	Commissioning Manager	Policy Review	December 2020	Director of Planning and Performance
V3.0	December 2020	Commissioning Manager	Policy Review	December 2023	Director of Planning and Performance
V4.0	March 2025	Commissioning Manager	Policy Review	March 2028	Director of Planning and Performance

This Policy and/ Procedure will remain in effect until replaced.