
OPEN DISCLOSURE POLICY



Owner Title: Chief of Clinical Operations (or delegate)	Approver Title: Chief of Clinical Operations	Policy number: CL.057	Level: 3
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BACKGROUND AND OBJECTIVES

The purpose of this policy is to support a just culture, transparency, accountability and the overall aim of improving safety and effectiveness of care.

Open Disclosure facilitates an open and honest discussion with the young person and their support person(s), where appropriate, about an incident that resulted in harm to the young person while they were receiving care.

SCOPE AND EXCLUSIONS

This policy applies to:

1. Staff of Orygen;
2. All other individuals engaged in activities reasonably connected with Orygen. Typically, such individuals include (but are not limited to):
 - a. contractors;
 - b. students; and
 - c. volunteers.

POLICY STATEMENTS

Clauses	Commitments
1	The Guiding Principles of Open Disclosure
1.1	Open and timely communication If things go wrong, the young person and/or their support person(s), where appropriate, 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.
1.2	Acknowledgement All adverse events should be acknowledged to the young person and/or their support person(s), where appropriate, as soon as practicable and initiate the Open Disclosure process.
1.3	Apology or expression of regret As early as possible, the young person and/or their support person(s), where appropriate, 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: <ul style="list-style-type: none">• acknowledgment that harm or grievance has occurred;• an expression of sorrow or remorse;

- a factual explanation of how the harm occurred; and
- a commitment to the young person and their support person(s) that the underlying cause/s of the incident will be addressed.

Suggested phrases to use:

- 'I am sorry'; 'we are sorry';
- 'I/we am/are really sorry you had a reaction to drug X we prescribed you';
- 'I/ we are sincerely sorry that this has occurred, we are investigating it now'; and/or
- 'I/we regret and apologise that this has occurred'.

The Open Disclosure should not contain speculative statements, an admission of liability or an apportioning of blame.

1.4 **Recognition of the reasonable expectations of young person and their support person(s)**

The young person and their support person(s), where appropriate, can expect to be:

- fully informed of the facts surrounding an adverse event and its consequences in an inclusive and accessible manner (e.g. language, mode, method of communication);
- treated with empathy, respect and consideration; and
- supported in a manner appropriate to their needs.

1.5 **Staff support**

Orygen will:

- encourage individuals to recognise and report adverse events through all required internal and external channels;
- prepare individuals through training and education to participate in Open Disclosure; and
- support individuals through the Open Disclosure process.

1.6 **Integrated clinical risk management and systems improvement**

A thorough clinical review and investigation of adverse events and adverse outcomes should be conducted through processes that focus on the management of clinical risk. The information obtained about incidents from the Open Disclosure process should be incorporated into improve quality of services.

1.7 **Governance**

Orygen has a Clinical Governance Framework, as well as Clinical Risk Policy and Procedures. Through these systems, adverse events are investigated and analysed to prevent them recurring.

1.8 **Confidentiality**

Orygen deals with Open Disclosure with full consideration for the privacy and confidentiality of the young person, support person(s) and clinician, in compliance with relevant laws (including federal, state and territory privacy and health records legislation).

VALUES STATEMENT

Orygen was built on the foundations of accountability. Open Disclosure is integral to the delivery of safe and high-quality health care. It is crucial that Orygen adopts a consistent and young person-centred approach to information sharing that upholds young person rights, including accepting responsibility across our services.

DEFINITIONS

Term	Definition
Adverse event	An incident in which harm resulted to a young person receiving care that is caused by the health care organisation rather than the young person's disease.
Harm	Impairment of structure or function of the body and/or any deleterious affect arising therefrom, including disease, injury, suffering, disability and death. Harm may be physical, social or psychological.

Open Disclosure An open discussion with a young person (and parents/guardian if under 18 as applicable or appointed due to the person living with a disability) about an incident(s) that resulted in harm to that young person while they were receiving care. The elements of Open Disclosure are an apology or expression of regret (including the word 'sorry'), a factual explanation of what happened, an opportunity for the patient to relate their experience, and an explanation of the steps being taken to manage the event and prevent recurrence.

Staff A person:

- employed directly by Orygen;
- provided to Orygen under an agreement with their employer (e.g. Melbourne Health or University of Melbourne); or
- who is a visiting scholar or researcher (e.g. on sabbatical at Orygen).

Support Person(s) An individual who has a relationship with the young person, which can include:

- parents/guardian (if under 18 or appointed due to the person living with a disability as applicable)
- family members/next of kin
- carers
- nominated person
- friends, a partner or other person who cares for the young person
- guardians or substitute decision-makers
- social workers or religious representatives
- where available, trained client advocates

RELATED DOCUMENTS

This policy is to be read in conjunction with:

1. Open Disclosure Procedure
2. Privacy Policy
3. Clinical Risk Policy
4. Clinical Risk Procedure
5. Clinical Governance Framework

REFERENCES

1. Charter of Human Rights and Responsibilities Act 2006 (Vic)
2. Freedom of Information Act 1982 (Vic)
3. Health Records Act 2001 (Vic)
4. Department of Human Services (2013) Open Disclosure for Victorian Health Services: A Guidebook
5. DHS, Melbourne.
6. Australian Commission on Safety and Quality in Healthcare (2013) Open Disclosure Framework
7. ACSQHC, Sydney
8. Department of Health Open Disclosure: General Principles for Open Disclosure
9. Deborah Glass OBE (2017) Apologies Victorian Ombudsman, Melbourne.
10. Wrongs Act 1958 (Vic)
11. Wrighton v Arnott [2005] NSWSC 637
12. Medical Board of Australia (2010) Good Medical Practice: A Code of Conduct for Doctors in Australia
13. Health Practitioner Regulation National Law 2009 (Cth)
14. Australian Standards requirements 3745-2010, 4083-2010
15. Department of Health (2010) Open Disclosure: General Principles for Open Disclosure DHS, Melbourne.

STAKEHOLDERS

Stakeholder (identified by Department or Title)	Stakeholder category and description of involvement (accountable, consulted, informed)
Director, Clinical Services and Programs	Consulted – for clinical expertise; has oversight of all clinical governance systems and is responsible to report to the relevant governing bodies
Chief of Clinical Operations	Consulted – for clinical expertise and oversight of safe and quality service delivery and operational governance
Director, Medical Services	Consulted – for medical and mental health care expertise and knowledge and oversight of safe and quality service delivery and clinical governance and oversight of medical workforce including students
Clinical Operations Project Control Group	Consulted – for oversight of quality care and risk and knowledge of standards, quality improvement systems and clinical governance in addition to mental health consumer flow, operational knowledge and oversight of YPARC implementation
Lived Experience Leads	Consulted – to ensure is young person centred, youth friendly and recovery orientated in language, steps and processes
General Counsel	Consulted – to ensure legislative compliance