

# Open Disclosure In A Private Hospital

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## **Open Disclosure - Management of Adverse Event Policy**

### **Policy Statement:**

#### **Background:**

The Australian Commission on Safety and Quality in Health Care (ACSQHC) provides a nationally recognised framework on the principles and practice of Open Disclosure.

#### **Purpose:**

1. St Vincent's Private Hospital Melbourne (SVPHM) is intent on providing an open, consistent approach to communicating with patients following an adverse event in accordance with SVPHM's core values of Compassion, Justice, Integrity and Excellence.
2. Following the ACSQHC framework (refer to Appendix, *Key components of open disclosure discussions*) and the St Vincent's Health Australia (SVHA) Clinical Quality and Patient Safety Policy, ensures that if something goes wrong during their care, patients and carers are told about it promptly with as much information as is known at that stage. They want to know what is being done to minimise any harm that may come from the adverse event, how the incident is being investigated and what is being done to prevent such an incident from happening again.
3. A comprehensive open disclosure process supports both patients and health care professionals

# Different Care Structure in Private

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- Patients have a relationship with a private hospital through their treating specialist
    - Specialists are accredited by the private hospital but not employed by them
    - Engagement governed by the Hospital By-Laws
    - Specialists not organised into rigid departments
  - In public sector, patient's relationship is directly with hospital
    - Medical staff are employed by the hospital
  - Care tends to be episodic
  - Less lifetime care than in public sector
  - Some services may be outsourced esp imaging and pathology

# Doctor-related Event

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- Doctor-related Incidents
    - Patients under direct care of an individual specialist
      - Usually have developed relationship with patient and family through pre-hospital visits
      - Specialist has a direct responsibility for the patient
      - Specialist usually involved in the adverse event

# Non-doctor Event

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- Non-doctor Incidents
    - No difference to public system in process
    - Communication must also include treating specialist

# Our Practice

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- Have the meeting with the patient and family as soon as possible
  - Liaise with the doctor about
    - The need for communication
      - Usually not an issue
    - Level of support at the meeting required
      - This will depend on severity of incident
  - Engage pastoral support
    - Patient
    - Family
    - Staff including specialist
  - Repeat meetings as needed

# Issues for private hospitals

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- Related to the different relationship in private between hospital, the patient and the specialist(s)
  - Episodic nature of private hospital care may make it harder to provide support to patients over time
  - Support for the specialist(s) may not occur or may be sub-optimal
    - Relates to non-employed nature of engagement
    - Lack of peer support mechanisms such as a department
    - Unlikely to engage with standard employee programs

# Open Disclosure as a “Thing”

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- Policies and frameworks occupy many pages and cover many topics
    - Tend to present a doctrinaire approach when flexibility is needed
  - May get in the way of appropriate communication because of the complexity of the policy or framework.
  - For most incidents:
    - “Has Open Disclosure been performed?” sounds painful and is often presented like it needs to be ticked off
    - “Have you discussed incident X with Mrs Smith?” sound much more doable and human and consistent with good care



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# Australian Open Disclosure Framework

Better communication,  
a better way to care



**Better communication,  
a better way to care**

Australian Open Disclosure Framework

