

# Open Disclosure

Public Health Service Perspective

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# Outline

- Purpose and Value
- Principles & Process
- Practical matters
- Training and Leadership

# Purpose and Value

## **Open and transparent discussion with the patient (family/carers) in the context of an adverse event**

- facilitates communication between clinicians and patients
- facilitates communication among health care professionals
- improves care for patients
- mitigates a potentially adversarial relationship
- reduces litigation
- is fundamental for trust and accountability

# Why is Open Disclosure important?

- Patients expect honesty, empathy and transparency
- Patients become fearful or angry if they feel information is being withheld
- Strengthens the relationship between patients, their families and carers and staff
- Patients feel an apology is more important than disciplinary action or financial compensation
- Disclosure supports our commitment to improving the quality of health care
- Being open helps the patient and healthcare staff cope with the physical and psychological consequences of an incident

# Principles of Open Disclosure

## There are 8 guiding principles in the open disclosure process:

1. Open and timely communication
2. Acknowledgment
3. Apology and expression of regret
4. Supporting patients (family/carers)
5. Supporting staff
6. Clinical risk management and systems improvement
7. Good governance
8. Confidentiality

## Timeliness is a critical factor

In some cases we may not know all the details or facts, but it is still important to talk to the patient and let them know we will keep them updated as more information comes to hand



# Preparing for Open Disclosure

- A co-ordinator is appointed
- A timeframe is provided to the patient, their family and carers
- Key staff involved in the incident are identified
- Initial investigation will occur within 3 days

# Engaging in Open Disclosure

- A face-to face meeting is arranged with the patient, their family and carers
- A briefing and support is provided to staff prior to the meeting
- During the meeting the following will occur:
  - an apology or expression of regret
  - a factual explanation of what happened
  - opportunity for the patient (family/carers) to relate their experience
  - a discussion of the potential consequences of the adverse event
  - an explanation of the steps being taken to manage the adverse event and prevent recurrence
- All discussions will be documented

**A simple way to remember Open Disclosure**

**Explain**

**Apologise**

**Reassure**



**One E A R is for the patient, their family and carers.  
The other is for the staff involved**

**Both parties need support**

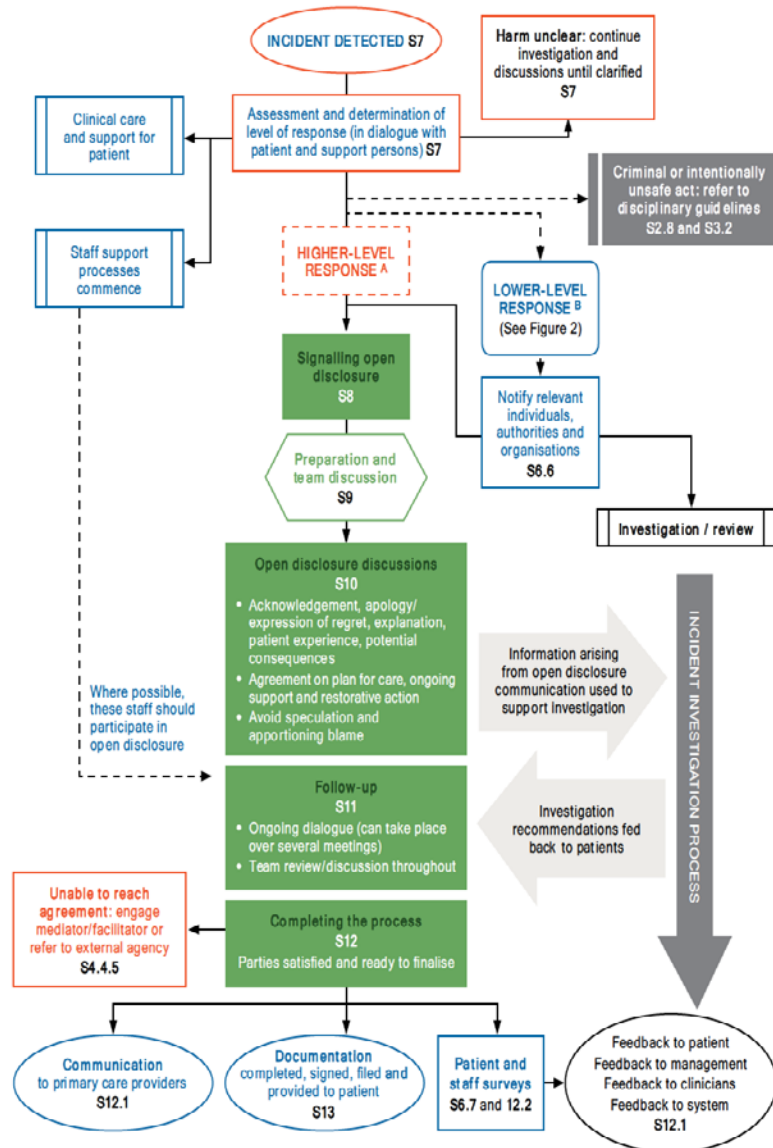


# Providing follow-up

- The appointed co-ordinator will lead any ongoing discussions with the patient, their family and carers
- If necessary, several meetings or discussions may be held
- Ensure follow-up by senior clinicians or management, where appropriate
- Agree on future care
- Share the findings of investigations and the resulting practice changes
- Offer the patient, their family and carers the opportunity to discuss the process with another clinician (e.g. a general practitioner)
- Provide the patient, their family and carers with final written and verbal communication, including investigation findings

# Maintaining documentation

- Keep the patient record up to date
- Maintain a record of the open disclosure process
- File documents relating to the open disclosure process in the patient record
- Provide the patient with documentation throughout the process



- A General Indications – higher-level response:**
1. Death or major permanent loss of function
  2. Permanent or considerable lessening of body function
  3. Significant escalation of care / change in clinical management
  4. Major psychological or emotional distress
  5. At the request of the patient
- S7.3

- B General Indications – lower-level response:**
1. Near miss / no-harm incident
  2. No permanent injury
  3. No increased level of care required
  4. No, or minor, psychological or emotional distress
- S7.3

# Practical Matters

# Should treating clinicians be involved in the Open Disclosure Process?

Involved clinicians should be given the option to participate

Complex, high level cases, should be led by a senior clinician not directly involved.

# When there is a breakdown in patient-clinician relationship?

Advice can be sought from Clinical Risk Unit or CMO/DMS in such circumstances.

With the patient's agreement, ensure that their family are involved in discussions from the beginning.

Ensure the senior staff member is aware of a potential relationship breakdown

Offer the patient, their family and carers another health service contact

Use a mediation or conflict resolution service

Involve the services of the Patient Representative office

Assess whether sufficient weight has been given to the patient's version of events.

# Should Legal counsel be present at Open Disclosure?

Generally not – although advice may be sought throughout the process

# Should junior staff be involved in Open Disclosure?

**Junior clinicians, may benefit from observing and participating in open disclosure**

**These individuals should not carry out the disclosure except where:**

- the incident is minor
- the senior clinician responsible for care of the patient is present for support
- the patient, their family and carers agrees
- the junior clinician has received adequate training to undertake the disclosure
- the junior clinician is willing to participate in the process.



# Training and Leadership

## **Training should consist of:**

- coaching smaller groups of experts to support clinicians
- include simulation and roleplaying
- 'just in time' training to prepare the clinical immediately before an open disclosure dialogue begins.

## **Open disclosure education and training should:**

- promote a team approach
- reflect consumer-centred values, principles and rights
- cover the legal aspects of open disclosure
- develop communication skills, especially active listening skills
- describe the evidence on patient needs, preferences and expectations
- incorporate real-life patient stories.
- reflect examples of excellence within the organisation
- Open Disclosure education should be integrated into orientation