

## Open Disclosure Policy

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### About this policy

This policy applies to the Board, all workers and contractors who provide care and services to residents and/or their SDM.

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Legislative / compliance obligations  
*The Aged Care Act 1997*

*The Aged Care Quality Standards and Guidance Material 2019*

*The NQIP Framework*

*The SIRS Framework*

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### Associated documents

*Clinical Governance Framework*

*Feedback Management Framework*

*Incident Management Framework*

*Risk Management Framework*

### Introduction

Open Disclosure is a legislative requirement for all aged care services. Open Disclosure is a requirement under The Aged Care Quality Standards, in particular,

Open Disclosure is the open discussion that an Approved Provider has with residents when something goes wrong that harms or has the potential to harm a resident.

The Principles of Open Disclosure are:

- Dignity and respect
- Privacy and confidentiality
- Transparency
- Continuous quality improvement.

The elements of Open Disclosure are:

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

Open Disclosure is supported by our St Simeon's:

- Leadership and culture
- Resident partnerships (Partners in Care)
- Systems and processes
- Monitoring and reporting methodologies
- Workforce
- Communication and relationship management
- Plan for Continuous Improvement.

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### Roles and responsibilities

Role	Responsibility
Board, all workers and contractors	Understand and competently practise the principles and elements of open disclosure.

All workers are required to carry out their duties in accordance with their job descriptions, with the knowledge and skills attained as part of their profession or any qualifications, and in accordance with the Code of Conduct for Aged Care or St Simeon's Code of Conduct, practice or standards expected by St Simeon. Workers are expected to engage with residents appropriately and respectfully and to maintain professional boundaries.

Workers that do not have a universal professional code of practice or standards tied to their role, e.g. personal care workers, are subject to codes of behaviour or practise relevant to their role under their terms of employment.

workers who are subject to professional standards (e.g., medical, nursing and allied health professionals), will have a higher threshold of professional training and qualifications, knowledge and skills, and scope of practice, and hence a higher threshold of conduct expected.

The content of professional standards varies but may relate to:

- The manner in which a resident is treated (including their rights to privacy and dignity);
- The need for tailored, frequent and clear communication with a resident
- Ensuring informed consent and good record keeping.
- Providing culturally appropriate care; and

Providing quality care and services.

### Open Disclosure and the Current Aged Care Quality Standards

Standard	Requirements
1 Older person dignity and choice	(3) (a) (b) (c) (d) (e) (f)
3 Personal care and clinical care	(3) (b)
6 Feedback and Complaints	(3) (c)
8 Organisation Governance	(3) (e)

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### Open Disclosure and The Strengthened Aged Care Quality Standards

Standard	Outcomes
2 - The Organisation	2.3.2, 2.3.5

#### Policy statement

St Simeon is committed to the principles and practice of Open Disclosure at all times.

St Simeon is committed to a no-blame environment related to the principles and practice of Open Disclosure.

#### Risk assessment

Risk category	Likelihood rating	Impact rating	Total risk score

To complete this section please refer to Risk Management Policy and Process.

#### Glossary

##### *Accreditation*

A status that is conferred on a health service organisation or individual when they are assessed as having met particular standards relating to quality of care and patient safety.

##### *Adverse event*

An incident in which harm resulted to a resident.

##### *Adverse outcome*

An outcome of an event or care and services delivery that has not met the resident's or their SDM.

##### *Apology*

An expression of sorrow, sympathy and (where applicable) remorse by an individual, group or institution for a harm or grievance. It should include the words 'I am sorry' or 'we are sorry'. An apology may also include an acknowledgment of responsibility, which is not an admission of liability.

##### *Clinical risk*

The combination of the probability of occurrence of harm and the severity of that harm.

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### *Commission*

Aged Care Quality and Safety Commission

### *Harm*

Impairment of structure or function of the body and/or any deleterious effect arising therefrom, including disease, injury, suffering, disability and death. Harm may be physical, social or psychological.

### *Liability*

The legal responsibility for an action.

### *Multidisciplinary team*

A healthcare team comprising individuals from various professions (nursing, medical, allied health, administrative, management) and disciplines within these professions.

### *Near miss*

The chance of something happening that will have a negative effect. It is measured by consequences and likelihood.

## **Evidence base**

*Aged Care Act 1997 (Cth)*

*Aged Care Quality Standards 2019*

*Aged Care Quality Standards and Guidance Material*

*Australian Commission on Safety and Quality in Health Care (2013) Australian Open Disclosure Framework. ACSQHC, Sydney.*

*Australian Government & Aged Care Quality and Safety Commission Open Disclosure Framework and Guidance*

*Australian Law Reform Commission Equality, Capacity and Disability in Commonwealth Laws*

*Australian Law Reform Commission National decision-making principles*

*Charter of Aged Care Rights (under User Rights Principles 2019)*

*Cognitive Decline Partnership Centre Decision-making in Aged Care*

*Schedule of specified care and services for residential care*

*The Aged Care Quality and Safety Commission Rules (2018)*

*User Rights Principles 2014 Parts 2 Residential Care, Part 3 Home Care, Part 4 Flexible Care*

*Various state and territory legislation and regulations*