

# CC40 Open Disclosure

## Purpose

1. To encourage and support staff to make sound decisions that are in line with the philosophies and principles of SAVVY

## Alignment with Practice Standards

1. Module 2: Provider Governance and Operational Management
2. Module 3: Provision of Supports
3. High Intensity Daily Personal Activities

## Legislative Alignment

1. National Disability Insurance Scheme Act 2013
2. Work Health and Safety Act 2011 (Cth)
3. Work Health and Safety Regulations 2011 (Cth)
4. Privacy Act 1988 (Cth)

## Key Responsible Executive

Chief Executive Officer

## For More Support

Head of Multidisciplinary Care

## Policy Statement

1. This policy applies to performing work for SAVVY, unless an exemption to a specific section has been issued in writing by the CEO.
2. This policy applies to all clinical staff, whether employed directly by SAVVY, on a contract, or via a sub-contract agreement providing any service, or labour for SAVVY.
3. Open disclosure is the process of providing an open, consistent approach to communicating with the participant and their carer following a participant related incident.
4. SAVVY will provide:
  - a. well designed, high quality and accessible care.
  - b. care that is relevant and supportive.
  - c. care that is clinically and culturally safe and participant focused
  - d. a safe and health working environment

## Definitions

1. *Clinical open disclosure* where the clinician informs the participant of what has occurred, offers an expression of regret for the harm caused or adverse outcome. Generally, this is appropriate in circumstances where the adverse outcome is minor.
2. *Formal open disclosure* is a structured process to ensure effective communication about the incident between the participant, clinician and SAVVY. The formal open disclosure process triggers a formal investigation into the incident in which SAVVY, the participant and or carer is kept informed and present with the outcomes.

## Procedures

1. All incidents are managed as per the SAVVY incident management process.
2. All staff directly involved in an incident or who witness an incident that has caused harm or has the potential to cause harm are obliged to report the incident. Failure to report an incident may result in disciplinary action.
3. An incident that causes harm or has the potential to cause harm to a participant is reported to the Clinical Care Manager as soon as possible after the incident. This may be done through a supervisor or directly to the Clinical Care Manager. An attempt should be made to reach the Clinical Care Manager as soon as is practically possible by phone.
4. The incident is managed according to the nature and seriousness of the incident, The incident is reported as per the incident reporting procedure and the circumstances reported in the participant notes.
5. The Clinical Care Manager will determine the required level of response based on the seriousness of the incident.
6. A high-level response (formal open disclosure) is required when the incident has caused death or serious harm or is likely to cause permanent or debilitating injury or ongoing problems.
7. A general response (clinical open disclosure) is required when the consequences of the incident are minor. A general response can be escalated to a higher-level response at any stage if required.
8. If a high-level response is required the Clinical Care Manager will advise the CEO of the incident and the CEO will appoint the necessary response team to develop the response plan, communicate with and support the participant and or carer, and communicate with and support the staff involved.
9. The Clinical Care Manager will document the response plan in the participant notes and the incident management plan.
10. If a general response is required the clinical or supervisor communicates with the participant and or carer directly.
11. The Clinical Care Manager will investigate the root cause of the incident and provide recommendations for improvement to the Executive Management team.
12. Feedback will be provided to the participant and staff.

13. Improvement actions will be implemented within an appropriate time frame depending on the severity of the incident.
14. Participants and their carers will be provided with ongoing support as required.
15. Staff will be provided with ongoing support as required.
16. Where appropriate the CEO will provide a report to the Board outline risk issues and the mitigating response provided by the Executive Management Team.

#### References to other SAVVY policies

1. Nil

#### References to other external materials

1. Nil

#### Supporting documentation

1. Nil

#### Version Control

1. 1 April 2023 - New Policy Creation