AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

NSQHS STANDARDS

Australian Open Disclosure Framework

Supporting materials and resources

Open disclosure organisational readiness assessment tool

Introduction

Open disclosure describes the way clinicians communicate with and support patients, and their family and carers, who have experienced harm during health care. It is about establishing processes and mechanisms to enable open communication following an adverse event. It is also about facilitating and enhancing the review and investigation of adverse events.

The *Australian Open Disclosure Framework* (the Framework) describes the principles and necessary organisational requirements for open disclosure (Part A), and outlines the key elements and ingredients of the open disclosure process (Part B). The Framework can be accessed at www.safetyandquality.gov.au/opendisclosure

What is the purpose of this assessment tool?

For a health service organisation to be able to implement open disclosure in accordance with the Framework, it must have the necessary quality improvement, risk management and clinical governance structures and processes in place.

The *Open disclosure organisation readiness assessment tool* is designed to assist health service organisations ascertain how well they meet these necessary requirements to implement open disclosure, and to highlight areas where improvement would assist implementation.

It is recommended that this assessment tool be used in conjunction with the Framework, and other supporting material. These can be accessed at www.safetyandquality.gov.au/opendisclosure

The NSQHS Standards

Open disclosure is required under the *Clinical Governance Standard* in the second edition of the *National Safety and Quality Health Service (NSQHS) Standards*. This assessment tool is designed to fit into the overarching health service accreditation requirements set out under the NSQHS Standards (2nd ed.). For more information visit www.safetyandquailty.gov.au

How to use this assessment tool

Each member of an inter-professional team including frontline clinical staff, managers and executive, should complete this assessment tool.

Every element or activity should be considered and rated from 0 (worst) to 4 (best). The following can serve as a guide:

> **0   non-existent; no awareness or activity**
>
> **1   awareness and/or discussion only**
>
> **2   informal policy; implementation in some areas**
>
> **3   formal policy; implementation across organisation**
>
> **4   formal policy; implementation and evaluation across organisation**

It should be noted that is not necessary and, in some situations, possible to score 4 in all areas (depending on local circumstances such as availability of resources). The assessment tool is designed to provide guidance on the structures and processes that are needed to facilitate open disclosure.

Open disclosure organisational readiness assessment tool

0=non-existent; 1=awareness only; 2=informal policy; 3=formal policy; 4=formal policy, evaluated periodically

1. Open disclosure as a priority within your organisation	0	1	2	3	4
1.1 Open disclosure is part of organisational strategic planning					
1.2 An open disclosure policy is implemented					
1.3 The open disclosure policy reflects, and is based on, the principles and processes detailed in the *Australian Open Disclosure Framework (2013)*					
1.4 There is regular reporting of open disclosure process and outcome measures to senior management					
1.5 Adequate resources are devoted to open disclosure (in particular towards staff training and development)					
1.6 A senior individual is responsible for open disclosure in the organisation					
2. Staff training and development	**0**	**1**	**2**	**3**	**4**
2.1 All staff are provided with basic open disclosure awareness training					
2.2 A smaller group of staff are trained as 'experts' who are available to support colleagues involved in open disclosure					
2.3 Expert training includes role-playing and feedback					
2.3 'Just in time' information, or education package, is available to staff about to participate in open disclosure					
2.4 Executive support for open disclosure and reporting adverse events is communicated to staff					
3. Integration into local clinical governance system / framework	**0**	**1**	**2**	**3**	**4**
3.1 A clinical governance framework / system is in place and includes 　a. clinical incident policy 　b. risk management policy 　c. complaint policy 　d. quality improvement processes					
3.2 There are staff who oversee clinical governance, including open disclosure					
3.3 Open disclosure policy and its protocols is integrated with the organisational clinical governance framework					
3.4 Open disclosure can be triggered by a number of mechanisms including (a) clinical incident notification, (b) complaints, (c) patient record review, (d)					

individual staff, patients or visitors.					
3.5 Adverse events are acknowledged in a timely fashion					
3.6 Information provided by patients about the incident during open disclosure is used in incident investigations					
3.7 Patients and support persons are offered involvement in incident investigations when this is appropriate					
4. Patient support systems	**0**	**1**	**2**	**3**	**4**
4.1 On admission, patients and support persons are provided with information on open disclosure and other processes in place should an adverse event occur					
4.2 Communication with other primary care providers following an adverse event is routine practice					
4.3 There are mechanisms for patients and support persons to access support services (e.g. counsellors, social workers and patient advocates)					
4.4 Provisions are in place to facilitate open disclosure with patients from culturally and linguistically diverse groups and others requiring additional support					
4.5 Protocols are in place to offer practical support such as reimbursement for out-of-pocket expenses in a timely fashion					
4.6 Protocols are in place to ensure ongoing care of a patient who has been harmed is managed effectively and efficiently					
5. Documentation	**0**	**1**	**2**	**3**	**4**
5.1 A documentation protocol is in place					
5.2 All information regarding the open disclosure is filed in the patient record					
6. Staff support systems	**0**	**1**	**2**	**3**	**4**
6.1 Teams debrief after major incidents					
6.2 Access is provided to counsellor or employee assistance program					
6.3 Backfill / replacement strategy is in place as appropriate					
6.4 Just culture at all levels					
7. Measurement and evaluation	**0**	**1**	**2**	**3**	**4**
7.1 Patients and support persons are surveyed after completion of open disclosure process					
7.2 Staff are surveyed after completion of open disclosure process					
7.3 Survey results are collated and analysed and fed back to relevant staff for quality improvement purposes					
7.4 Process and outcome measures are reported formally to senior management					