Submission to the Australian Commission on Safety and Quality in Health Care in response to the Australian Open Disclosure Framework – consultation draft

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1. Introduction

With a membership of over 220,500, the Australian Nursing Federation (ANF) is the largest professional and industrial organisation in Australia for nurses, midwives, and assistants in nursing. Our members provide clinical care in all settings where health and aged care is delivered, across all geographical areas. The ANF therefore has a genuine interest in all aspects of care delivery by health professionals, and our members have a particular concern for the protection of the public for whom they provide care. The ANF supports the existence of a nationally consistent approach to open disclosure processes when harm occurs during the delivery of care, and welcomes the current review of the Australian Open Disclosure Framework (the Framework).

Where adverse events occur during delivery of care, the ANF considers it critical that staff within health services, are provided with organisational support following such incidents. The Consultation Draft Framework provides a structure within which health professionals can respond effectively, and an avenue for reflection on practice in order to learn from adverse events to consequently improve patient welfare and safety. The ANF highlights the responsibility of health services to provide the right environment, resources and a blame free culture to guide staff through the processes of open disclosure.

2. Specific comments

The following commentary on the Australian Open Disclosure Framework relates specifically to the questions posed to the national consultation workshop participants.

1. Is current evidence reflected in the Australian Open Disclosure Framework – Consultation Draft?

While not aware of any omission from the evidence reflected in the document, the ANF is aware that additional sources of relevant information have been raised at the consultation workshops which could be included. For example, at the Melbourne workshop it was suggested that there needed to be more evidence on open disclosure best practice.

Given the dynamic nature of the health care sector we suggest that the Commission undertake on-going research on this matter, and that particularly where major new findings are concerned, such information be made available on the ACSQHC website and communicated widely to stakeholders. This approach will ensure that the Framework remains relevant and beneficial to contemporary practice. This also allows for the opportunity to disseminate information on scenarios/examples of best practice open disclosure, as these become known to the Commission.

The ANF considers that the most pertinent evidence to be gleaned from open disclosure processes concerns "improved clinical communication and systems improvement" which reduce the occurrence of adverse events and thus the need for open disclosure.

While not a direct answer to the question posed here, the ANF takes this opportunity to say that essentially there needs to be greater emphasis in education programs on communication strategies and collaborative practice for all health professionals, for both collegial and consumer interactions.
2. Are there any aspects of open disclosure that need further exploration?

In its current format the Australian Open Disclosure Framework provides a useful tool to guide the development and refinement of organisational open disclosure policies and procedures.

Perhaps some examples via a webpage portal, of how clinicians deal with incidents when having been involved in adverse events, may assist users of the Framework.

Some example policies, protocols and guidelines for use in practice may also be of assistance.

The ANF has a strong position that:

- Underpinning the provision of care should be a desire to treat people with respect and honesty. This will include communication about all aspects of that care so consumers are informed and there is no room for assumptions of what they’ve been told or not, or that information is being withheld.

- The culture in many health care sectors is conducive to risk in that there is a lack of respect and trust between health professionals and therefore communication is stifled. This provides an environment where vital information is not communicated between health professionals or to the consumer, leading to a greater potential for adverse events.

- There is higher risk for the occurrence of adverse events in an environment of understaffing of health professionals (specifically nurses and midwives) or of inappropriate skills mix for the complexity of health care required.

3. Is the working title Australian Open Disclosure Framework suitable? If not, what would be a more appropriate title?

The current title is suitable.

While there are some who suggest the title infers there is room for deciding whether to disclose or not, the phrase ‘open disclosure’ is now recognised and accepted. Rather than make a change at this point it would be better to put energy into further bedding down the process into local policies and procedures, and in further improving understanding and utilisation by health professionals.

4. Is the terminology used throughout the Australian Open Disclosure Framework – Consultation Draft appropriate?

The terminology used is appropriate for its intended purpose – that is, to “enable health service organisations and clinicians to communicate openly with patients who have been harmed during health care”.

5. Are the essential steps for open disclosure reflected in the Australian Open Disclosure Framework – Consultation Draft?

The essential steps are reflected in the Framework. There is a valuable appendix at page 45, with useful and easy to read flow charts that are of assistance to navigate the document.

Given the importance of the ‘Summary of the steps involved in open disclosure,’ Appendix 1 should be referred to in the introductory part of Part A (as it is in Part B,) to give it more prominence. Also, it may in fact be useful for the reader to glance over this summary, and the diagrams to follow, prior to reading the document. Having a succinct overview in mind may help in understanding as one reads through the detail of the Framework.

6. Will the Australian Open Disclosure Framework – Consultation Draft assist health services to implement best practice open disclosure?

The Framework will assist health services to implement best practice open disclosure. Having a nationally consistent approach to open disclosure greatly assists those health professionals who relocate around the country and/or who practice across jurisdictions.

Like all guiding principles and non-legislated guidelines, it will only be of assistance to health services where the document is known about and health professionals and other key staff are aware of how to assess, interpret and utilise the document. It will be important to undertake on-going promotion of the Framework within the health sector. From January 2013 this will of course be aided by the incorporation of the Framework within the accreditation requirements for health services.

7. Are there any elements missing from the Australian Open Disclosure Framework – Consultation Draft?

The document (p. 11 and 12) refers to ‘developing a safe and just culture’. There is good commentary in this section from the consumer perspective. However, the ANF considers there is a critical omission. In order to create an environment in which consumers will be treated well you need to have an organisation that treats staff in a respectful manner and where there is a culture of trust between all levels of employees.

8. What types of resources and materials should there be to assist in implementation of the Australian Open Disclosure Framework – Consultation Draft?

Possibly obvious suggestions include:

- Access to web based information and guidelines;
- Template policy documents that can be adapted by Australian health services to meet their individual needs;
- Web based portals;
- Check lists for health services to identify that they are meeting the objectives of their policies when dealing with open disclosure matters.
- Education and training for users.
The ANF is aware that most jurisdictions have developed policies, guidelines and in some cases additional resources to further assist health services in interpreting and implementing the Commission’s open disclosure practice. For example, the Department of Health in Victoria has a useful tool that was developed within their Clinical Risk Management program: Victorian Health Incident Management System (VHIMS) e-learning package (http://www.health.vic.gov.au/clinrisk/vhims/).

Perhaps the ACSQHC document could include a sentence alerting readers to seek out any resources that may be available in their jurisdiction for additional assistance in implementing open disclosure within the context of their State or Territory specific legislative environment.

9. **Are the proposed outcome and process measures appropriate? If not, what do you suggest as more relevant measures?**

The “percentage of reported clinical incidents disclosed” is problematic as an outcome measure from the perspective of interpretation. That is, what does a high or low level of reported incidents mean in terms of the open disclosure process? A high level of reported incidents may mean that clinical management is out of control and patient safety is routinely being compromised! A low level of incidents may mean that health professionals have ‘gone to ground’ and are not reporting incidents. Either of these outcomes reflects poor clinical management.

Given our earlier comments - an outcome measure would be demonstration that there is a policy in place regarding an appropriate ratio of qualified staff to patients, within the facility. Having adequate numbers of qualified staff and appropriate skills mix for the acuity of patients, means that clinical incidents will be minimised and there will be more time for communication with patients about all aspects of their care, thus circumventing adverse events and the need for open disclosure. It is essential that investment be made at the ‘front-end’ of care to avoid the calamitous outcomes of compromised care.

10. **Are there any additional comments?**

Following on from the commentary above, it is necessary that the Open Disclosure Framework highlight the importance of patient centred- care. Within this approach to care is the focus on open, honest and informative dialogue between health professionals and consumers and their families/carers throughout the episode of care.

The Open Disclosure Framework Section 4.2 needs to include families/carers/support persons, to ensure that such people are kept informed of the progress or lack thereof of any relevant open disclosure matters.

There ought to be some commentary on ways to incorporate or embed open disclosure principles into other organisational processes and governance arrangements.
Education and training are critical elements in the success of open disclosure processes. First and foremost is the preparation of clinical staff who are most likely to be major players in managing open disclosure. Consideration should also be given to education programs for not only more junior clinical staff but also to non-clinical staff - for example, administrative personnel who may be in communication with the patients/their families; or, health professional students who may observe adverse events occurring or be present at the time of the open disclosure interviews. There are a range of reasons for broad-based staff inclusion in education sessions. These include an understanding of the principles of open disclosure, such as the importance of consistency in messaging by staff, to ensure that the optimal outcome of the process is not compromised.

A final point, based on feedback from ANF members, relates to the importance of health services articulating the availability of the relevant senior clinical staff responsible for the open disclosure process or their delegate and arrangements for contacting them, particularly after hours. Whilst open disclosure is based on a no-blame approach – in the experience of our members this is not always the approach taken when the standard/policy is applied in the workplace. Access to both training regarding the open disclosure standard/policy, and to advice that may be required, are critical in supporting staff directly involved in such events.

3. Conclusion

The ANF has welcomed the opportunity to participate in the consultation process for the *Australian Open Disclosure Framework* through the national workshops and the foregoing written submission.

We look forward to learning of the outcome of the consultation process and to being able to disseminate information to our membership.