

6 August 2012

Professor Debora Picone AM
Chief Executive Officer
Australian Commission on Safety and Quality in Health Care
GPO Box 5480
SYDNEY NSW 2001

Dear Professor Picone

Australian Open Disclosure Framework – Consultation Draft

The Australian Healthcare & Hospitals Association (AHHA) welcomes the opportunity to provide feedback on the Australian Commission on Safety and Quality in Health Care's *Australian Open Disclosure Framework – Consultation Draft*.

The AHHA is the peak body and advocate for the Australian public and not-for-profit healthcare sectors. Our membership includes state health departments, Local Hospital Networks and public hospitals, community health services, Medicare Locals and primary healthcare providers, universities, and individual health professionals and academics. We are uniquely placed to be an independent, national voice for universally accessible, high quality healthcare.

The AHHA strongly welcomes the Commission's work on the issue of open disclosure, including the release of the *Australian Open Disclosure Framework*, which will replace the *Open Disclosure Standard* adopted in 2003. The evidence base on open disclosure policy and practice has grown considerably since the *Open Disclosure Standard* was developed, so it is timely to be updating the advice provided to health services and clinicians on this important issue.

While Australia's health system provides excellent care and high quality clinical outcomes in most cases, the AHHA believes that a strong culture of open disclosure is critically important to:

- maintain consumers' trust in the health system and their ongoing sense of wellbeing in the small proportion of cases where an adverse event does occur;
- create what the National Health and Hospitals Reform Commission (NHHRC) described in their final report as an 'agile and self-improving health system for long-term sustainability' which recognizes that all healthcare interventions carry some degree of risk, and that a strong culture of open disclosure within health services is fundamental to ensuring services and clinicians (and consumers) can genuinely learn from mistakes, in order to strengthen practice and outcomes in the future.

The AHHA provides the following responses to the Commission's specific questions on the Consultation Draft.

Yours sincerely



Prue Power
Chief Executive

Australian Healthcare & Hospitals Association

Submission on the Australian Commission on Safety and Quality in Health Care's

Australian Open Disclosure Framework – Consultation Draft

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

The AHHA agrees that the Consultation Draft appropriately reflects the current body of evidence on open disclosure policy and practice.

The AHHA strongly supports the view, consistent with the evidence, that open disclosure will be most effective if:

- it is conducted as an open dialogue with the patient, their family, and/or their carer/s, rather than just as a process of information provision from the health service to the patient. This is consistent with the belief that clinical risk will be more effectively reduced if patients and their carers are regarded as active partners in the care process; and
- it is viewed as an ethical practice that is about organisations and individuals genuinely being able to learn from mistakes, rather than simply as an organisational risk management strategy.¹

The AHHA also strongly believes that open disclosure, when viewed in this way, can create larger benefits for the health system and patients by fostering cultures of openness and trust, as the Consultation Draft acknowledges.²

2. Are there any aspects of open disclosure that need further exploration?

The AHHA strongly supports the principles for open disclosure outlined in the Consultation Draft, namely:

- i. Open and timely communication
- ii. Acknowledgement
- iii. Apology or expression of regret
- iv. Meeting the needs and expectations of patients and their support persons
- v. Supporting clinicians
- vi. Integrated clinical risk management and systems improvement
- vii. Good governance
- viii. Confidentiality

While the AHHA believes the principles outlined in the Consultation Draft canvass all aspects of open disclosure, we wish to emphasise the particular importance of fostering a *culture of openness* around disclosure within all health services for these principles to be able to be put into effect.

¹ Consultation Draft, pp. 9-10.

² Consultation Draft, p. 10.

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

Yes, the working title Australian Open Disclosure Framework is appropriate. However, to provide a stronger sense that the document is providing not just a policy framework, but also practical advice and guidance to health services and clinicians, the AHHA recommends the Commission consider describing the document as a set of 'Guidelines' instead.

The AHHA believes that the framework is now based on some years of experience with application of the open disclosure principles and accords with the available evidence and is best practice. Health services look for guidance on this issue and the framework should unreservedly provide it.

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

Yes, the AHHA considers that the terminology used throughout the Australian Open Disclosure Framework is appropriate.

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

Yes, the AHHA considers that the Consultation Draft includes the essential steps necessary for open disclosure to be put into practice.

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

The AHHA considers that the Consultation Draft provides a strong framework which will assist health services; however we wish to emphasise the particular importance of two components of the Framework which are essential for best practice open disclosure to become the norm.

6.1 Staff training

First, training and support for staff to participate in open disclosure is critical. The importance of staff being appropriately supported was emphasized in the evaluation of the National Open Disclosure Pilot, which found that many staff:

... felt they were occupying a "grey zone" where adoption of open disclosure was being advised, but without staff having all the necessary resources to decide on the type of response needed, the appropriate degree of staff training, required levels of resources, the structure of well-planned follow-up, reliable administrative back-up processes, and the support of peers and managers.³

On this note, the AHHA strongly supports the inclusion of open disclosure as an accreditation requirement in the *National Safety and Quality Health Service Standards*,⁴ however we emphasise the importance of staff being appropriately trained and resourced, in order for best practice open disclosure to become institutionalized.

On this point, we emphasise the importance of strategies to ensure that the Visiting Medical Officer (VMO) workforce is included in training and resourcing of staff, given that VMOs make up a large component of the medical workforce in hospitals.

³ Rick A M Iedema, Nadine A Mallock, Roslyn J Sorensen, Elizabeth Manias, Anthony G Tuckett, Allison F Williams, Bruce E Perrott, Suzanne H Brownhill, Donella A Piper, Suyin Hor, Desley G Hegney, Hermine B Scheeres and Christine M Jorm, '[The National Open Disclosure Pilot: evaluation of a policy implementation initiative](#)', *Medical Journal of Australia*, 2008; 188 (7): 397-400.

⁴ Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards*, September 2011, Criterion 1.16, p.21.

6.2 Consumer involvement

Second, the involvement of consumers in the development of local and organisational policies and practice around open disclosure is also fundamental – as this is critical to open disclosure being conducted as an *open dialogue*, rather than simply the transfer of information from health service to patient.

On this theme, the evaluation of the National Open Disclosure Pilot found that open disclosure is most effective for patients when:

- it shows respect to the patient (and/or family members)
- consumers are engaged by staff actually talking to them on the matters they want to see clarified and action taken on, and sharing carefully structured feedback as matters come to light rather than delaying feedback until the end of a closed-door investigation
- it is applied in such a way that it minimizes the interaction with different staff repeating questions about the case and therefore reduces the sense of discontinuity that patients often experience in their interactions with the health system.⁵

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

The AHHA does not consider that there are any elements missing from the Consultation Draft.

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

As noted above, the AHHA considers that training, resources and support for staff to participate in open disclosure is critical to best practice open disclosure being widely adopted. Our experience is that while most institutions have open disclosure policies and procedures in place, their deployment is still highly variable. Appropriate training will help to bridge this implementation deficit, by supporting healthcare staff, who are generally very willing to practice open disclosure believing it to be in the best interests of the patient and the health service.

Accordingly, while acknowledging that implementation of open disclosure needs to be managed on an institution by institution basis, the AHHA recommends the Commission develop a set of training materials and resources which could be used to assist health services in establishing appropriate practices around open disclosure in their institutions. These materials should be developed in consultation with clinicians and consumers. The AHHA has the networks and resources to assist the Commission to communicate this information to health services across the country.

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

The AHHA considers that the proposed outcome and process measures are appropriate, though we offer general comments on the issue of performance reporting below.

10. Are there any additional comments?

The AHHA offers the following additional comments.

First, in relation to reporting on outcome and process and the more general emphasis on accountability and transparency through performance reporting at institutional level as part of the national health reforms, care must be taken to ensure that a culture of openness and transparency continues to be fostered in this new environment.

[‘The National Open Disclosure Pilot: evaluation of a policy implementation initiative’.](#)

That is, it is very important that the new focus on performance reporting, in particular at institutional level, does not create a punitive environment or a less transparent culture – if this were to be the case, open disclosure will not succeed.

There is a role for Australia’s national health and clinical leadership to play in this regard – including the National Lead Clinicians Group, along with health service managers and administrators, Local Hospital Network and Medicare Local governing councils, as well as governments.

Finally, as stated above, the AHHA stands ready to assist the Commission in implementation of the Framework once it is finalized – for example through assisting with information workshops or facilitating training, should this be of assistance.

Prue Power
Chief Executive
Australian Healthcare & Hospitals Association

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