

Guidelines for continuous open communication/disclosure to patients

Open communications ensures any adverse, unplanned events or situations are addressed in an open and sensitive manner.

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Open communication ensures patients are directly informed of events that relate to their care, treatment and outcomes and that patients receive proper emotional comfort and support throughout their stay and following care.

We are required to meet the Health and Disability Standards 1.9 and 2.4.4 and the Code of Consumer Rights.

“[Right 6 of the Code of Health and Disability Services Consumers’ Rights](#) gives all consumers the right to be fully informed (i.e. to receive the information that a reasonable consumer in his or her situation would expect to receive). Consumers have a right to know what has happened to them.”

What is open communication?

Open communication is the discussion of events that result in, or could result in, harm to a patient while they are receiving health care. The elements of open communication include:

- an apology, expression of regret
- a factual explanation of what has happened
- a discussion of the potential consequences of the event
- an explanation of the steps being taken to manage the event and prevent recurrence

It is important to note that open communication is not a one-way or one-off process. It is a discussion and exchange of information that can take place over time.

Open communication:

- affirms consumers' rights
- fosters open and honest professional relationships
- enables systems to change to improve service quality and consumer safety

See [Definitions](#) for commonly used words on this page.

General Manager responsibilities

The General Manager ensures that for consumers:

- this process occurs in an open, timely and sensitive manner and in accordance with the [Code of Consumer Rights](#), Southern Cross Healthcare' [Insurer Notification Guidelines](#), Complaints and Adverse Event Management Reporting and Management policies, guidelines and procedures and Southern Cross Healthcare [Credentialing and Scope of Practice Guide](#) for surgeons, anaesthetists and other health professionals.
- any emotional wounding or shock or distress is considered and actions to reduce these are undertaken. This includes the patient and family/friends or others who may be second victims.
- the provider/healthcare worker/professional with whom the patient has the greatest rapport typically takes a lead and any other provider/s involved in the event is present.

For the workers

- they are well versed in their professional responsibilities
- they have the communication skills to deliver bad news in a sincere, compassionate and thoughtful way (effective communication and empathy is pivotal to the open communication (disclosure) process)
- second victim support is available where necessary. Read the [second victim support General Manager checklist](#).

What should open communication include?

It should include:

- acknowledgement of the event
- an explanation of what happened
- how it happened
- why it happened
- where appropriate, what actions have been taken to prevent it happening again (in some situations specific actions will need to be taken straight away, whereas in other situations where the explanation is still unfolding, the actions that need to be taken may take longer to identify)
- the consequences for the consumer, including arrangements for continuity of care
- advise the patient of the actions that will be taken to prevent harm, or further harm occurring as it relates to themselves and others
- evidence of the process of Open Communication may include, for example, the ACC treatment injury forms, Agreement to treatment forms

Open communication (disclosure) is a process of ongoing communication, not a one-off communication. It must be appropriate to:

- the nature of the event

- the patient and their family's individual needs at different times
- providing updates and as new information becomes available

When open communication (disclosure) is required

The Health and Disability Commissioner (HDC) advises, 'A consumer should be informed about any adverse event, i.e. when the consumer has suffered any unintended harm while receiving health care or disability services.'

An error that affected the consumer's care but does not appear to have caused harm may also need to be disclosed to the consumer. Notification of an error may be relevant to future care decisions - whether or not to go ahead with the same procedure on another occasion. The effects of an error may not be immediately apparent.

Who should undertake open communication?

Where possible the individual leading the open communication should, where possible, be the most senior health care team member who is responsible for the care of the patient. This will usually (but not always) be the treating medical practitioner or anaesthetist.

For continuity there should be one single point of contact for the patient, and the patient must be informed of their contact person. On that basis, where possible, any additional communications should be undertaken by this same person.

Where appropriate, open communication should be an inter-professional process and the participants will vary depending on circumstances.

It is recommended that members of the healthcare team who have been involved in an event be given the option to participate in the communication. The stage at which this occurs will depend on a range of factors including the circumstances surrounding the event, the experience of the healthcare professional, and their confidence and preparedness for open communication.

Healthcare team members should be provided with the appropriate support and preparation to participate in open communication. However, there will be circumstances where a team member may identify that they do not feel prepared to participate, and these should be acknowledged and respected.

The General Manager is responsible for ensuring the open communication process has occurred. In any circumstance of refusal to undertake the open communication process, escalation to the general manager should occur.

The process of open communication (disclosure):

The patient must be fully informed of events and risks associated with the event.

Ensure the patient is competent to receive the information. They must be adequately recovered from the effect of an anaesthetic, sedative or other medication. It may be appropriate for an initial open communication to occur, followed by a more detailed discussion with the consumer once the team has had an opportunity to meet and include the patient's support person(s).

Ensure the patient's individual and cultural beliefs, values and needs are respected throughout the communication process.

Patient support

Ensure the patient is supported during and following the informing process and appropriate to the seriousness and complexity of the situation. People present could be:

- next-of-kin or support person
- an advocate
- family/whānau
- a consumer representative
- the nurse
- and, in significant events, the General Manager.

Detail of who is present is recorded on the patient's clinical records.

If the patient does not wish to have a consumer representative/support person present, the patient's nurse or a manager would typically be present while the Medical Specialist is informing the patient. A note is made in the patient's clinical record.

Initial conversation

The patient is seen and spoken with by the admitting practitioner, and this is followed up with the arrangement for or offer of further meetings. The patient may have difficulty processing the information fully in one meeting.

The patient may be given the opportunity to have the detail of what happened in writing immediately after the explanation.

The patient is requested to confirm their understanding of the situation, including what the risks might be and what actions to take for monitoring and follow-up care. Record instructions for the patient on the Discharge Form.

Where appropriate, if an accidental injury or other event occurs, the patient receives a verbal and sincere apology 'we are sorry this happened to you' within 24 hours of the event. However, it is imperative that no liability is accepted for the event without prior determination of all the facts thorough an adverse event review process and discussion with the legal advisor and Insurer via the National Quality and Risk Manager (see document [Insurer notification guidelines](#)).

Apologies can bring considerable comfort to the consumer and have the potential to assist with healing and resolution. In some situations, an apology may be critical to the consumer's decision about whether to lay a formal complaint and pursue the matter further.

The consumer should be given contact details and information about the local health and disability consumer advocate as well as options for making a complaint.

For more information:

- [Individual values and beliefs](#)
- [Recognition of Māori cultural values and beliefs](#)
- Medical Council of New Zealand: [Good medical practice](#)
- Guidance on Open Disclosure Policies Health and Disability Commissioner December

The manager also:

- Completes an event form (incident report).
- Enters detail into SafeHub and initiates an Insurer Notification as appropriate taking advice and reporting to their direct manager.
- Follows ACC Treatment Injury notification requirements by offering the treating Registered Health Practitioner (RHP) a copy of the ACC45 and ACC2152 forms for them to complete with the patient. Record this in the patient's clinical records and on the Insurer Notification Form.
- Ensures the patient is aware of their right to advocacy, to complain and how to access an independent advocate and HDC Code of Rights. If the patient does complain as a result of the event, the complaint is managed according to Southern Cross Healthcare' Complaints Management Policy and Procedure Guidelines.
- Ensures that the responsible party, e.g. the Surgeon, fully and correctly explains the medical facts relating to the situation or event including causes and consequences. The explanation includes details of monitoring, care and treatment and any further investigations and actions and support (such as ACC funding) or further intervention. Additionally, informed consent may be needed specific to the ongoing situation and plan.
- Facilitates de-briefing reviews, second victim support eventful case reviews and investigations as appropriate (refer to the Adverse Event Management section), as well as any quality assurance activities that may be indicated using an action plan including process and systems improvements are undertaken and fully implemented.
- Ensures patients will not be affected unfairly. For example, having to pay unreasonable additional costs such as an X-ray with a missing item, or supplier with a faulty product (the supplier should bear costs), transfer of care to the public hospital may be required if prolonged length of stay is unaffordable to patient.
- Arranges for transfer to the public hospital when required for further treatment, or where ACC will fund care in the public hospital but not a private hospital, or where the patient cannot pay or insurance cover does not extend to contingency situations.
- Ensures documentation in records:
 - meetings with patients and information given to them (included in the patient's clinical record and Event Form)
 - presence of support family/whanau, advocate or nurse during informing process
 - patient response at the time and upon follow-up communications
 - other information given including access to ACC and HDC Advocacy or complaints process

- follow-up plan and responsible parties and Patient Discharge Guidelines and Form
- informed Consents and processes completed where required
- Where the event requires notification to an external agency, the Chief Executive, Chief of Clinical Governance and Chief Operating Office must:
 - be informed of all major events requiring notification and
 - approve communications including the notification or claim form wording
- The appropriate resource team member must:
 - be contacted and
 - assist with wording notification or 'claims' communications and report preparation and
 - check other relevant parties are aware of the issue

SAC 1 Extreme, SAC 2 High, Serious adverse events

For SAC 1 Extreme or SAC 2 High including serious adverse event situations or cases of treatment injury, a communication strategy is prepared in consultation with the Chief Executive Officer Hospitals, General Manager, Chief of Clinical Governance, Chief of Quality and Risk, Media Officer, Legal Advisor and the Insurer.

Where the event is classified as SAC 1 Extreme or SAC 2 High, the patient will be:

- Told that an event report has been completed and why, and that it has been filed in their clinical record where appropriate
- Advised if an investigation into the event is happening and when this will be completed
- Informed of the outcome of any investigation. This may or may not include written information.

For more information:

- [ACC Treatment Injury notification and reporting feedback guideline](#)
- [Complaints Management policy guideline](#)
- [Action plan guideline](#)
- [Adverse event external agency notification requirements](#)
- [Group media and government relations policy](#)

References and associated documents

- Code of Health and Disability Services Consumers' Rights (1996)
- Health and Disability Commissioner Consumer [Advocacy Service](#)
- Health and Disability commissioner 'Guidance on Open Disclosure Policies' (1999)
- Southern Cross Healthcare Credentialling and Scope of Practice Guide for surgeons, anaesthetists and other health professionals
- Southern Cross Health Trust Hospitals [Clinical Governance Committees: Charters and Terms of Reference](#)
- Southern Cross Healthcare: [Consumer Rights](#)

- Southern Cross Healthcare: [Complaints Management Policy and Guidelines](#)
- Southern Cross Healthcare: [Adverse Event Management](#)
- Southern Cross Healthcare: [Quality and Risk Management](#)

Definitions

- **Patient event or incident:** Any adverse, unplanned, and untoward events or circumstance e.g. accidental injury during treatment, surgery/procedure, broken instruments or missing instrument/equipment parts, breach of sterility, needle stick injury that has or potentially may lead to injury or harm. Read the [ACC treatment injury notification and reporting feedback guidelines](#).
- **Adverse event:** When a consumer has suffered harm while receiving treatment.
- **Error:** A variance or deviation or mistake which does not appear to have caused harm; the effects of which may not be immediately apparent but which may be relevant to future care or decisions.

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