



# Open Disclosure Policy

Version Number	Update Details	Person Responsible	Date	Policy Number
1.0	New Policy	Kevin Flynn	15/04/2024	MEDODP01
1.0	Reviewed No Changes	Kevin Flynn	03/04/2026	MEDODP01
Review Date:	03/04/2027			

*This policy is reviewed annually or when there are significant changes in legislation or accreditation requirements*

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## 1.0 Introduction

Medicall is committed to an open, honest, and transparent culture. When things go wrong in the provision of care, we will communicate openly, compassionately, and in a timely manner with patients and their families.

We adhere to the principle of "Just Culture," prioritising patient safety and learning over blame, while complying with mandatory legal requirements.

## 2.0 Definition of Open Disclosure

Open disclosure is the transparent, honest, and empathetic process of communicating with patients/service users (and their relevant persons) when they have experienced harm, or potential harm because of their care.

### 2.1 Scope

This policy applies to all patient safety incidents, ranging from no-harm/near-misses to severe, notifiable incidents. Mandatory Disclosure should be made for all "Notifiable Incidents" as defined by the Patient Safety Act 2023 (e.g., serious, unexpected injuries or deaths). Voluntary Disclosure is encouraged for all other adverse events to foster trust.

### 2.2 Key Principles

- Open & Honest Communication: Factual, jargon-free information.
- Compassion & Empathy: Acknowledging distress.
- Timeliness: Initiate within 24–48 hours of awareness of the incident.
- Meaningful Apology: A sincere "I am sorry" that acknowledges the event without admitting legal liability (protected under the Civil Liability Amendment Act 2017).
- Support for Staff & Patients: Both sides of the incident require emotional support.

## 2.3 Procedure for Open Disclosure

When a patient safety incident occurs, the immediate concern is to treat and stabilise the patient treatment and prevent further harm. The initial procedure is to:

1. Report: Record all the incident details using Traumasoft.
2. Assess: Determine if the incident is "Notifiable" (Schedule 1 of Act 2023).
3. Initial Contact should occur within (24-48 hrs). A senior Medical manager will initiate contact with the patient/family to provide preliminary information and express regret.
4. In Preparation for an open disclosure process, Medical will collate the necessary clinical facts and identify a "Designated Person" as a lead communicator.
5. An initial Meeting will be arranged and The Designated Person from Medical will meet the patient or their relevant person.

## 2.4 During and after the Meeting

The Designated Person will

1. Explain what happened, why it happened (if known), and potential consequences.
2. Listen to the patient's perspective.
3. Outline steps to prevent recurrence.
4. Record all details, attendees, and information provided in the patient's care record.
5. Provide a written summary of the discussion to the patient within 5 days (if using CLA Act 2017 protections).

## 3.0 Roles and Responsibilities

- a) All Medical Staff are responsible for reporting incidents immediately.
- b) Frontline Clinicians (Paramedics/AP's/EMT's) can initiate immediate, verbal, low-level disclosure (e.g., "I am sorry you experienced a delay," "I am sorry this happened").
- c) Managers (Operations Managers/Supervisors) are responsible for managing the formal open disclosure process, assigning a designated person, and ensuring support.
- d) Open Disclosure Champions promote training, provide peer support, and act as role models for best practices.

## 3.1 Support for Staff

Medical recognises that incidents are distressing for staff. Immediate and ongoing support is available through:

- Resource Compliance Manager or Immediate Supervisor.
- Employee Assistance Programme (EAP).
- Critical Incident Stress Management (CISM).

## 3.2 Training

Open disclosure training is mandatory for all staff and is included as part of Medical's induction programme.

- All staff must complete Learning for Life Module 8.1 which includes the principles of Open Disclosure
- Refresher training is required every three years.

### 3.3 Governance and Reporting

- a) All notifiable incidents will be reported using the Medical Traumasoft system.
- b) Incidents will be reported to the receiving facility or if acting on behalf of the Statutory Service it will be logged directly.
- c) The Medical Director will be notified, and the incident will be scheduled for review at the Clinical Governance meeting.