

## OPEN DISCLOSURE POLICY AND PROCEDURE

### Purpose and Scope

This policy and procedure outlines EIH Care's commitment to an open disclosure framework with all consumers and their representatives. It applies to all staff and meets relevant legislation, regulations, and Standards refer to legislative schedules provided on [Provider Institute](#).

### Applicable Aged Care Quality Standards

All 7 *Aged Care Quality Standards* apply to this policy and procedure in some way, however specifically linked standards include:

- *Standard 1. The Person*
- *Standard 2. The Organisation*
- *Standard 3. The Care and Services*
- *Standard 5. Clinical Care*

### Definitions

**Open Disclosure** - open discussions and communication with each consumer/their representative when something goes wrong within the service that has caused harm or may potentially cause harm to a consumer. This harm may be physical, psychological, or social, resulting in loss of quality of life, impairment, suffering, injury, disability, or death. The elements of open disclosure are an apology or expression of regret (including the word 'sorry'), a factual explanation of what happened, an opportunity for the consumer to relate their experience, and an explanation of the steps being taken to manage the event and prevent recurrence. Open disclosure is a discussion and an exchange of information that may take place over several meetings. Further information can be found in the *Aged Care Open Disclosure Framework and Guidance*.<sup>1</sup>

### Policy

While all efforts are made to provide high quality care that meets the needs of consumers, aligns with their preferences and choices, and supports them to have a voice in how their care is delivered, EIH Care acknowledges that there can be instances when something goes wrong that has harmed or had the potential to cause harm to a consumer. In these instances, honest, informed communication promotes and fosters an environment and culture that, through honest discussion, encourages learning needed to improve care and services.

EIH Care is committed to honest and timely disclosure to consumers when something goes wrong, and its open disclosure approach underpins the organisation's culture and behaviours.

EIH Care notes open disclosure is not about a legal process or admitting fault. As per the *Aged Care Open Disclosure Framework and Guidance*, an apology to consumers and their representatives is not considered to be an admission of fault or liability and is not considered in determining fault or liability. Instead, an apology and the use of open disclosure reaffirms EIH Care's level of partnership and engagement with consumers and their representatives, to

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<sup>1</sup> Australian Commission on Safety and Quality in Healthcare, 2014, *Australian Open Disclosure Framework: Better Communication, a Better Way to Care*, ACSQH, Australian Government, accessed 28 August 2025, <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-open-disclosure-framework-better-communication-better-way-care>.



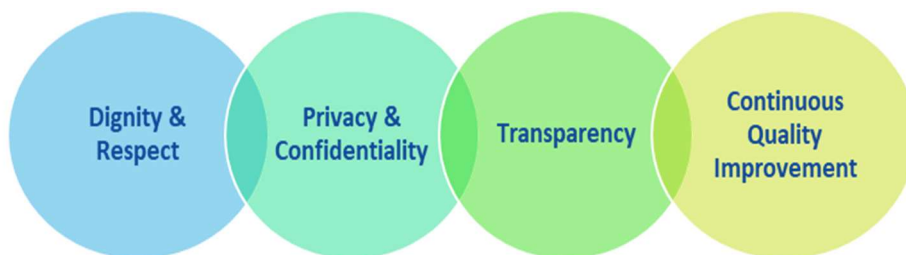
ensure their safety, health, and wellbeing is at the centre of planning, delivery, and evaluating their care.

## Procedures

### The Framework

When enacting the open disclosure framework, EIH Care's staff must follow the below guiding principles:

1. **Dignity and Respect** - staff must ensure all consumers are treated with dignity and respect, including when they need to communicate that something has gone wrong. Staff must consider how best to communicate with each consumer, acknowledging their diverse needs (e.g., cultural safety, alternative languages, and accessible formats).
2. **Privacy and Confidentiality** - during the management of a complaint, incident, or other issue, and when enacting open disclosure, staff must first and foremost determine what information the consumer or their representative is comfortable with being shared, and with whom. At all times, EIH Care's *Privacy and Confidentiality Policy and Procedure* must be followed.
3. **Transparency** - when something has gone wrong staff must identify who has been affected, and, in an honest and open way, explain what happened. They must be prepared to communicate proactively at a level appropriate to the severity of the impact.
4. **Continuous Quality Improvement** – EIH Care encourages the practice of open disclosure, to use learnings to identify why things have gone wrong, and any systemic causes or preventative steps that can be taken to stop an event from happening again.



## Responsibilities

All EIH Care staff are responsible for identifying and reporting when something has gone wrong within the service that has caused harm or may potentially cause harm to a consumer.

During Induction and as part of ongoing staff training, all staff will receive information and education on open disclosure and EIH Care's commitment to learning from these experiences and making improvements.

EIH Care's Senior Management Team is responsible for:

- understanding the legal aspects of open disclosure
- modelling and promoting openness when things go wrong
- encouraging staff to identify and raise issues and concerns and



- involving consumers and their representatives when deciding how care and services should be provided.

## When Something Goes Wrong

Staff must follow the below steps when an incident, complaint or other issue arises. These steps will not always occur in the order they are set out, nor will each step always be required for every instance.

### **Identify When Things go Wrong**

EIH Care staff may note something has gone wrong at several points of contact with a consumer. This includes but is not limited to:

- service staff noticing during the delivery of care and services
- senior managers identifying something when routinely and systematically managing risks and monitoring care (for example, when reviewing *Incident Reports* and quality reviews)
- when a consumer (or their representative) provides feedback and
- through ongoing compliance such as self-assessment or continuous improvement processes or external reviews.

### **Address any Immediate Needs and Provide Support**

EIH Care staff must act immediately to ensure no further adverse effects arise from what went wrong, and that future potential harm is prevented. Once this is completed, staff will provide the consumer involved with practical and emotional support (based on the needs and preferences of the consumer). This may include:

- identifying any additional needs of the consumer
- facilitating access to an advocate, interpreter, translator, or other communication support service
- involving representatives of the consumer
- providing information and access to alternative, external complaints handling options or
- offering support to any staff involved (which may also require the management of staff involved).

If feedback or a complaint is raised, this should be addressed following EIH Care's *Feedback and Complaints Policy and Procedure*.

If the situation has arisen due to an incident or near miss, this should be addressed following EIH Care's *Consumer Incident Management Policy and Procedure*, and/or *Workplace Incident Management Policy and Procedure*.

### **Engage with the Consumer's Supporters**

Depending on the circumstances, contact with the consumer's family, carers or nominated representatives may be appropriate. Any contact must be aligned with the consumer's preferences and uphold their privacy and dignity. If the consumer declines their supporter's involvement, this must be respected unless there is risk of safety or harm, or a legal obligation to report information.

Information should be shared transparently and openly, which includes answering questions where relevant. Depending on the circumstances, support services such as counselling or advocacy may also be offered to the consumer's supporters.



### ***Acknowledge and Apologise or Express Regret***

In the first instance, where possible, talk directly with the consumer, unless they are unable or have requested other support. Ask if they would like their family, carer, or nominated representative involved and facilitate this request. Communicate information about what has happened in a way that is easy for them to understand and is compassionate.

Staff must acknowledge the concerns of the consumer or their representative and provide a sincere and unprompted apology or expression of regret. An apology or expression of regret must include the words “*I am sorry*” or “*we are sorry*”. An apology or expression of regret must also involve a follow up interaction with the consumer to ensure they understand the acknowledgement or expression of regret.

### ***Find Out and Explain What Happened***

Information must be gathered from any staff, consumers, or representatives affected by the issue to find out what happened, why it happened, and how it could be prevented from occurring again.

When explaining what happened, staff must:

- remain factual (ensuring the person understands the information)
- ensure the person is offered an opportunity to explain their views and feelings, and ask questions and
- offer the person follow-up meetings and support.

An investigation may need to be undertaken as per EIH Care’s *Consumer Incident Management Policy and Procedure*. Any information gathered must be documented and retained on file as per EIH Care’s *Records and Information Management Policy and Procedure*.

### ***Document the Process***

When engaging in open disclosure processes, staff must record on the consumer’s file in Brevity who was involved in the disclosure, what was discussed, and any decisions made or follow up actions required.

### ***Learn from the Experience and Make Improvements***

As per EIH Care’s *Continuous Improvement Policy and Procedure*, any time an incident or near-miss occurs and open disclosure is enacted, opportunities for learning should be identified so that continuous improvement activities can be planned. The information must be monitored, analysed, and used to improve the quality of care and services.

### ***Follow Up***

Check in with the consumer and their supporters after the disclosure. Staff should provide updates on action that has been taken by EIH Care and offer further support where required.

## **Supporting Documents**

Documents relevant to this policy and procedure include:

- *Consumer Incident Management Policy and Procedure*



- *Continuous Improvement Policy and Procedure*
- *Feedback and Complaints Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*
- *Records and Information Management Policy and Procedure*
- *Workplace Incident Management Policy and Procedure*
- *Incident Reports*
- *Incident Register*
- *Complaints Register*
- *Compliance Register*
- *Risk Register*
- *Continuous Improvement Plan*

## Monitoring and Review

This policy and procedure will be reviewed at least every three years by the Senior Management Team. Reviews will incorporate staff, consumer, and other stakeholder feedback.

Annual satisfaction surveys and will assess consumer and staff satisfaction with EIH Care’s governance processes and provide stakeholders with the opportunity to provide feedback on areas for improvement.

EIH Care’s *Continuous Improvement Plan* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of EIH Care’s service planning and delivery processes.

## DOCUMENT CONTROL

Version No.	Issue Date	Document Owner
1	01/10/2025	Senior Management Team
<b>Version History</b>		
Version No.	Reviewed Date	Revision Description
1	01/10/2025	Developed for Aged Care Home Care operations

