

KEY PRINCIPLES

1. All instances of harm resulting from receiving health care must be acknowledged to the patient and / or support person as soon as possible after the event is identified.
2. The patient and / or support person must receive a genuine apology for the harm or perceived harm caused.
3. The patient and / or support person must be treated with empathy, respect and consideration and must be provided with such support as is necessary and in the manner appropriate to their needs.
4. The patient and / or support person must have the circumstances associated with the event that resulted in the harm fully and frankly disclosed.
5. The patient and / or support person must receive full information regarding the consequences of the harm and any necessary ongoing health care that might be required.
6. The patient and / or support person must receive full information as to the outcome of any investigation undertaken into the event that resulted in the harm and any changes implemented as a result of the investigation.
7. Staff must be provided with a work environment that supports and enables them to recognise and report adverse events.
8. Staff involved in an adverse event must be supported through the open disclosure process.
9. Open disclosure processes must ensure that patient, support person and staff privacy is maintained in a manner that is consistent with the relevant legislation.
10. Protected Quality Assurance Activities (PQAA) under the Health Practitioners Competency Assurance Act 2003, if invoked, does not affect open disclosure processes. However any information arising as part of the PQAA process does not need to be disclosed.

PROCESS

1. The health professional with the overall responsibility for the patient should make the disclosure of the harm to the patient and / or support person.
2. If the person who has the overall responsibility for the care of the patient is not the same practitioner who has provided the direct care to the patient then both practitioners should be present.
3. Disclosure should be made to the patient and / or support person with 24 hours of the harm occurring or error being recognised.
4. Disclosure is not a single conversation but an ongoing process.
5. If the harm occurred in a team environment the team should meet prior to disclosure to discuss:
 - a) What happened
 - b) How it happened
 - c) Consequences to the patient
 - d) How to avoid future occurrences
 - e) How to approach the matter with the patient and/or support person
6. After the patient and / or support person has been informed of the harm the team should hold a debrief.
7. Consideration should be given to the patients cultural and language needs.
8. Details of the incident and any harm, the disclosure and subsequent action should be documented in the patient’s health record.

Issue Date: Apr 2016	Page 1 of 2	NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.
Review Date: Apr 2018	Version No: 6	
Protocol Steward: Quality & Patient Safety Manager	Authorised by: GM Governance & Quality	

9. Where the harm is classified as a serious adverse event (excluding MH&AS events), and an RCA is undertaken, the Quality and Patient Safety Manager, or a delegate, will be the key contact for the patient and / or support person and provide ongoing communication.

REFERENCES

- [New Zealand Health and Disability Services. National Reportable Events Policy. March 2012](#)
- Guidelines on Open Disclosure Policies, Health and Disability Commissioner, Revised December 2009
- [Health and Safety at Work Act 2015](#) and [Regulations 2016](#)
- Health Privacy Information Act Code 1994
- Health and Disability Commission 'Code of Rights'
- New Zealand Incident management System: A national approach to the management of healthcare incident – Training Manual

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 2.1.4 Incident Management
- Bay of Plenty District Health Board policy 2.1.4 protocol 1 Incident Management - Standards and Severity Assessment Codes (SACs)
- Bay of Plenty District Health Board policy 2.1.4 protocol 2 Incident Management - Decision Making Process
- Bay of Plenty District Health Board policy 2.5.1 Health Information Privacy
- Bay of Plenty District Health Board policy 5.3.1 Employee Health and Safety
- Bay of Plenty District Health Board policy 1.3.1 Complaints Management
- Bay of Plenty District Health Board policy 3.50.05 Protected Disclosures
- Bay of Plenty District Health Board policy 6.6.1 Death of a Patient
- Bay of Plenty District Health Board policy 1.4.4 Cultural Safety - Maori
- Bay of Plenty District Health Board Incident form

Issue Date: Apr 2016	Page 2 of 2	NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.
Review Date: Apr 2018	Version No: 6	
Protocol Steward: Quality & Patient Safety Manager	Authorised by: GM Governance & Quality	