COGNITIVE INSTITUTE
KnowHow

Open Disclosure: Meeting the standard

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About Cognitive Institute

- Largest provider of communication skills and risk management training to clinicians in the Asia Pacific region
- Our education programmes are designed and delivered by clinicians, for clinicians
- Programmes tailored to private sector requirements
- Extensive expertise in open disclosure delivery
- Based in Brisbane with faculty across Australia, New Zealand and Asia
- A subsidiary of the not-for-profit Medical Protection Society

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Cognitive Institute experience

- Open disclosure workshops
  - > 11,000 clinicians in 8 countries
- CIM Programme
  - Mater Health Services Brisbane pilot
  - Public Health in all states and territories (ex NSW)
  - Assistance in NSW
  - Private hospital pilots in Australia
  - Selected Singapore hospitals
- In-house training under licence
  - Australian Government Health Services
  - Singapore Public Sector hospitals
  - Capital and Coast District Health Board

Today's presentation

- **The Australian Open Disclosure Framework 2013**
- NSQHS Standards – accreditation requirements for open disclosure
- The value of an effective open disclosure programme
- Implementing an open disclosure programme
- Cognitive Institute assistance available
- Q&A

What is open disclosure?

Open disclosure describes the way clinicians communicate with, and support, patients and their family and carers who have experienced harm during health care. Open disclosure is a patient right, is anchored in professional ethics, considered good clinical practice, and is part of the care continuum

Australian Open Disclosure Framework 2013

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What do patients want following an adverse outcome?

- A truthful discussion
- To have their story heard and acknowledged
- Information to their level of satisfaction
- An expression of regret or sorrow
- Information on how similar outcomes will be prevented in the future (if possible)
- An agreed plan for ongoing care and follow-up

At least 98% of patients want to be told the truth

Gallagher et al 2003, Hobgood et al 2005, Mazor et al 2004

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Why are these principles being advocated?

- Our most important ethical duty is to act in the patient's best interest
- "Blame and shame" culture can interfere with finding the contributing factors and root cause of an adverse outcome
- Evidence that effective management may improve patient acceptance

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Open Disclosure: a driver for excellence

Transparency and accountability

- are powerful drivers for excellence
- produce culture and performance change independent of the their implementation experience
- motivate good people to respond to unacceptable variance with courage and commitment

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Open Disclosure Framework

- Open Disclosure Standard published in 2003
  - Open disclosure = discussion of incidents that result in harm to a patient receiving health care
  - Standard endorsed by Health Ministers in 2003 and reviewed in 2012
- Open Disclosure Standard Review Report published in 2012. Findings:
  - Patients prefer an open dialogue rather than information provision
  - Clinicians perceived barriers to open disclosure
  - Disclosure more effective as an ethical practice

Source: Minter Ellison

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Framework v Standard: key differences

- Risk management v ethical practice
- Requirement to say *"sorry"*
- Includes near misses and no-harm incidents
- An ongoing dialogue not a one-off discussion
- Involvement of patient, family and carer
- More emphasis on support for staff
- Requirement to undertake internal evaluation of programme – continuous improvement goal

Source: Minter Ellison

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The Framework's 8 guiding principles

1. Open and timely communication
2. Acknowledgement
3. Apology or expression of regret
4. Supporting, and meeting the needs and expectations of patients, their family and carers
5. Supporting, and meeting the needs and expectations of those providing health care
6. Integrated clinical risk management and systems improvement
7. Good governance
8. Confidentiality

Australian Open Disclosure Framework 2013

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NSQHS Standards

- Objectives: *protect* the public and *improve* the quality of care of health service
- Quality assurance and quality improvement mechanisms
- Standards integral to accreditation – used to determine how and against what performance will be assessed
- Accreditation a driver for safety and quality improvement

Source: Minter Ellison

Standard 1: Governance for Safety and Quality in Health Service Organisations

The Standard:

"Health service organisation leaders implement governance systems to set, monitor and improve the performance of the organisation and communicate the importance of the patient experience and quality management to all members of the workforce. Clinicians and other members of the workforce use the governance systems"

Intention:

Create governance systems that maintain/improve the reliability and quality of patient care and improve outcomes

Source: Minter Ellison

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Incident and complaints management

- Patient safety and quality incidents are recognised, reported and analysed and this information is used to improve safety systems.
- This criterion is achieved by:
  - 1.14 implementing an incident management system
  - 1.15 implementing a complaints management system
  - 1.16 implementing an open disclosure process based on the national open disclosure standard

Source: Minter Ellison

Governance for Safety and Quality in Health Service Organisations

Standard 1

Incident and complaints management

Patient safety and quality incidents are recognised, reported and analysed, and this information is used to improve safety systems.

This criterion will be achieved by:	Actions required:
1.16 Implementing an open disclosure process based on the national open disclosure standard	**1.16.1** An open disclosure program is in place and is consistent with the national open disclosure standard
	1.16.2 The clinical workforce are trained in open disclosure processes

Source: Minter Ellison

What's required to meet the standard?

Current evidence and practice suggests a modulated approach including:

- General introductory and refresher training for all *"clinicians"*
- Specialised coaching of a smaller group of *"experts"* who support others following an adverse event and during open disclosure
- *"Just in time"* training immediately prior to an open disclosure dialogue

Source: Minter Ellison

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NSQHS Standards Guide for Small Hospitals

1.16.1	• Your hospital should adopt and implement the national open disclosure standard, or a program that is consistent with this standard • Implementation of the hospital's open disclosure program should be periodically audited to ensure it is consistent with the national standard and that clinicians are participating when appropriate
1.16.2	• Your hospital should review the need to include open disclosure in its induction, education and training program • You will need to monitor participation in training by the workforce

Australian Commission on Safety and Quality in Health Care/ Hospital Accreditation Workbook

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Compliance: organisational considerations

- Prioritise the implementation and resources to support open disclosure
- Integrate open disclosure programs and policies with local risk management processes
- Provide training and support to *"clinicians"* in communication skills, investigation and grading of adverse events
- Actively promote/disseminate information about policy and procedure to staff

Source: Minter Ellison

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Compliance: organisational considerations

- Inform patients about open disclosure (on admission) and complaint processes
- Identify staff to participate in and have responsibility for open disclosure practice
- Ensure a timely response to adverse events can be initiated out of hours
- Have systems to identify adverse events though a variety of mechanisms
- Implement appropriate monitoring and review mechanisms

Source: Minter Ellison

Responsibilities of senior management

- Ensure policies, processes and practices are in place
- Explicitly support open disclosure as a:
  - Patient right
  - Organisational requirement
  - Integral part of healthcare provision
  - Opportunity to learn from adverse events
- Request reports on open disclosure practice including performance measures and data
- Participate in training

Source: Minter Ellison

What are the requirements for OD training?

- Promotion a team approach
- Reflect consumer-centred values, principles and rights
- Cover the legal aspects of open disclosure
- Describe the benefits for patients and clinicians
- Develop communication skills
- Describe the evidence on patient needs, preferences and expectations
- Incorporate *“real-life”* patient stories

Source: Minter Ellison

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Many organisations have gone well beyond “baseline compliance”

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Benefits of an effective open disclosure programme

- Improved patient safety and quality care through organisational learning
- Enhanced clinician competence
- Reduction in patient complaints
- Reduced risk of medical claims
- Increase in patient satisfaction and trust with clinicians and staff
- Improved organisational culture of openness
- Reputational protection

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The impact on complaint and claim

- The research indicates implementing programmes to address patient needs after an adverse outcome reduces the number and size of claims

  Boothman 2009, Gallagher 2012, Kapp 1997, Kraman & Hamm 1999, Liebman & Hyman 2005, Quinn & Eichler 2008

- Cognitive Institute has assisted hospitals in Australia, New Zealand and Singapore to implement effective communication after an adverse outcome in their facilities with significant effect

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Before and after implementation of a medical error disclosure programme

Claims	1995 - 2001	2001 - 2007
New claims/month/100,000 patient encounters	7.03	4.52
New litigation/month/100,000 patient encounters	2.13	0.75
Median claim – resolution time (years)	1.36	0.95
Average cost/litigated claim (compensation & legal's)	US$405,921	US$228,308

Risk ratios	Pre 2001 : Post 2001
Total liability costs	0.41
Patient compensation	0.41
Legal costs	0.39

Kachalia et al: 2010

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Mater Health Services Brisbane

- Undertook CIM training in mid-2000
- Strong cultural commitment to effectively respond to adverse outcomes and improve safety
- Tort law reform 2001
- Average number of claims/separation notified has decreased 50% over the decade

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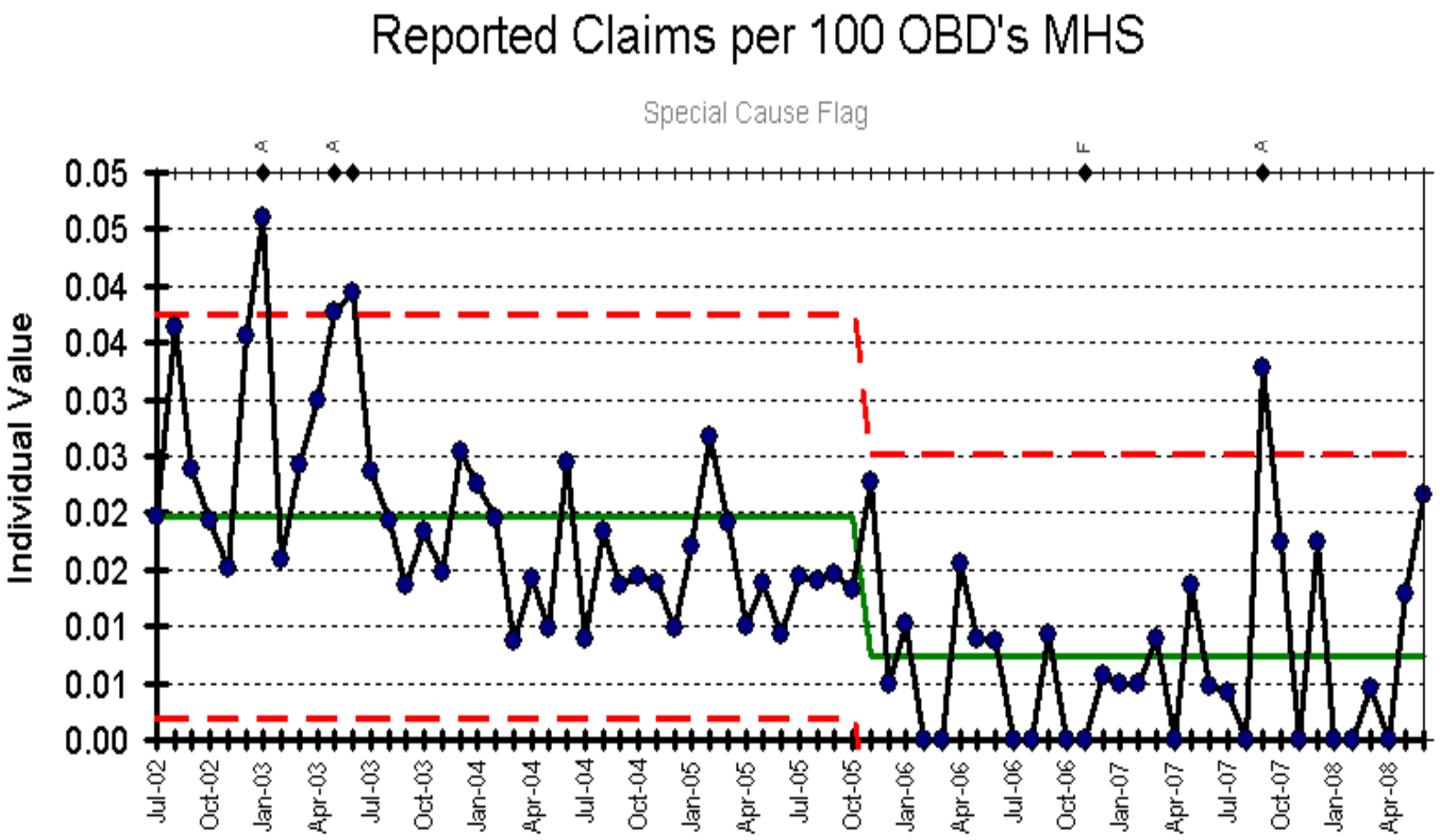
Mater Hospital Group Brisbane



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Singapore

- National commitment to open disclosure/ communication by all government hospitals
- Impressive implementation of training
  - Individual
  - Organisational
- Significant benefits to patients, clinicians and the system
  - Psychological
  - Cultural
  - Financial
  - Reputational

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Tan Tock Seng Hospital Singapore

Introduced a comprehensive framework for all complaint and claims management including:

- Internal and external expert advice
- CIM
- Mediation

Total payouts fell from $501k to $384k in the first three years

In the ensuing three years there has been no increase despite an increasing trend of claims and complaints in Singapore

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Issues for private sector

- VMO compliance, resistance & involvement
- Myths eg, “increases litigation” and “adversely affects patients”
- Financial considerations, budget constraints
- “We’re too small”
- Access to “experts”

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NSQHS Open Disclosure Standard 1.16

1.16.1

- An open disclosure program is in place and is consistent with the national open disclosure standard

1.16.2

- The clinical workforce are trained in open disclosure processes

National Safety and Quality Health Service Standards, September 2012

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What should your organisation do?

- Develop a safe and just culture which fosters effective communication
- Create an environment in which all staff are:
  - encouraged and able to recognise and report adverse events
  - prepared through training and education to participate in open disclosure
  - supported through the open disclosure process
  - recognised and protected from potential situations that may cause additional conflict and harm

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The level of response

Lower-level response	1. Near misses and no-harm incidents 2. No permanent injury 3. No increased level of care (eg, transfer to operating theatre or ICU) required 4. No, or minor, psychological or emotional distress
Higher-level response	1. Death or major permanent loss of function 2. Permanent or considerable lessening of body function 3. Significant escalation of care or major change in clinical management (eg, admission to hospital, surgical intervention, a higher level of care, or transfer to ICU) 4. Major psychological or emotional distress 5. At the request of the patient

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A higher level response – who is involved?

- The treating doctor/nurse
- The hospital/organisation's risk manager
- Quality and safety professional
- The hospital's legal advisers
- Claims manager

PLUS

CIM 'Senior' Consultant

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Clinical Incident Management – higher level response

Framing an effective response includes addressing the issues of:

- Psychological needs of the parties
- Safety and quality agenda
- Compensation/restitution
- Legal and regulatory requirements

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The role of the “expert”

- To ensure the psychological needs of the patient and clinician are attended to
- To ensure safety and quality issues arising from incident are communicated with the patient, and patient concerns are addressed
- To represent the hospital and the clinician(s) agreed response to the patient
- To assist colleague(s) in undertaking the discussion with the patient

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Advantages of the CIM model

- Concentrates the experience for serious events
- Recognises support is needed
- Introduces increased objectivity to the conversation/s
- Reduces stress for the treating clinician
- Keeps the conversation/s “on track”
- Acts as a backup if a clinician can’t undertake the conversation/s effectively

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What's required to meet the Standard?

- *"General introductory and refresher training for all 'clinicians'"*
- *"Specialised coaching of a smaller group of 'experts' who support others following an adverse event and during open disclosure"*
- *"'Just in time' training immediately prior to an open disclosure dialogue"*
- *"Leadership and executive have ultimate responsibility for ensuring appropriate policies, processes and practices are in place…. and participate in open disclosure training and open disclosure when required and appropriate"*

Australian Open Disclosure Framework 2013

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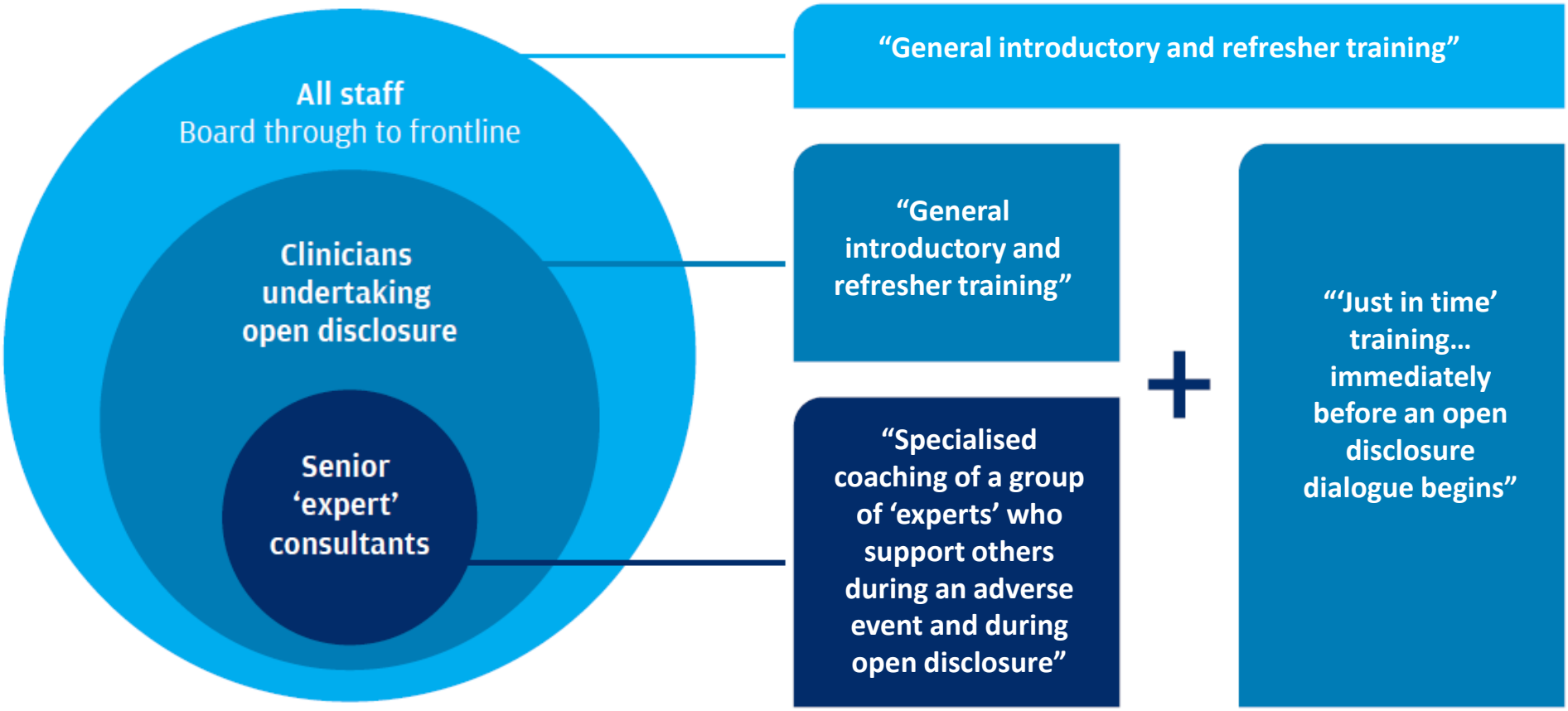
AUSTRALIAN OPEN DISCLOSURE FRAMEWORK TRAINING APPROACH



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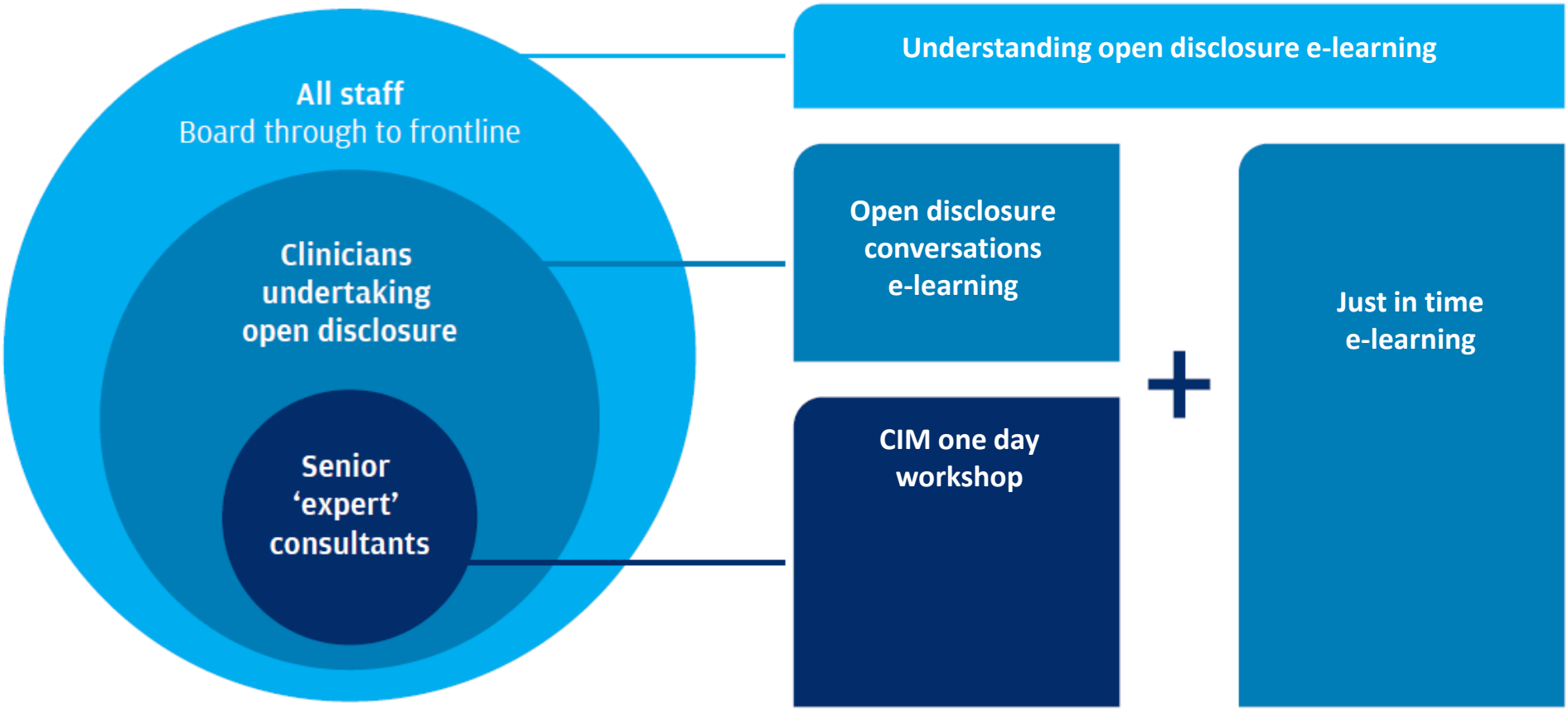
COGNITIVE INSTITUTE TRAINING APPROACH TIER ONE



OPEN DISCLOSURE LEARNING MAP

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- Presentation
- Interactive workshop
- E-learning

Awareness and understanding

- **Understanding Open Disclosure Presentation** — 60 to 90 minutes with Q&A
- **Understanding Open Disclosure** — 20 to 25 minutes

Individual clinician knowledge and skills for open disclosure conversations

- **Open Disclosure Conversations** — 45 to 60 minutes
- **Mastering Open Disclosure Workshop** — 3 hours - includes skills rehearsal with fellow participants
- **Open Disclosure Masterclass** — 1 day - includes simulation training with actors
- **Open Disclosure Skills** — 3 hours - simulation training with actors
- **Just In Time Preparation**

Governance, culture change and engagement

- **Board / MAC Seminar** — 60 to 90 minutes with Q&A
- **Mastering Open Disclosure Workshop** — 3 hours - tailored for leaders

Expert consultant knowledge and skills

- **Clinical Incident Management Programme (CIM) Expert consultant training for peer clinicians** — 2 days - includes simulation training with actors
- **Clinical Incident Management Programme (CIM) Expert consultant training for managers i.e. CEO, DON or Medical Director** — 1 day - includes simulation training with actors
- **CIM Consultant Support Day** — 1 day - 6 to 12 months after training

Our experience

- Enhancing clinician skills and implementing the CIM model:
  - facilitates the resolution of most barriers to open communication after a medical injury
  - is appreciated and well accepted by clinicians, patients and organisations
  - can change the understanding and attitude of clinicians and can contribute to a culture of excellence

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Summary

- Benefits to all parties in ensuring an effective response
- Training requirements
  - All staff
  - “Expert” – including role-play and feedback
  - Just-in-time
- Cognitive Institute can assist by providing you with assistance to meet your compliance obligations and beyond!
- We have resources to assist you including
  - Learning map and programme guide
  - Organisational readiness checklist
  - Overviews of open disclosure courses


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