



An Stiúrthóireacht um Ardchaighdeán
agus Sábháilteacht Othar
Oifig an Phríomhoifigigh Cliniciúil

National Quality and
Patient Safety Directorate
Office of the Chief Clinical Officer

Open Disclosure – Approaches to Implementation





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National Quality and
Patient Safety Directorate
Office of the Chief Clinical Officer

Introduction: Day 3 of the Open Disclosure Themed Week focusing on Implementation of the HSE Open Disclosure Policy



OPEN
DISCLOSURE

**“THE RIGHT
THING TO
DO”**

—

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Open Disclosure Themed Week November 7th to 11th 2022

- Please raise awareness of open disclosure in services
- Promote mandatory open disclosure training
- Be aware of information on open disclosure policy, legislation and resources on open disclosure website;
- www.hse.ie/opendisclosure



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National Context:

- International research to establish evidence base
- Write policy draft
- Pilot
- Establish learning – review draft
- Consultation process – patient involvement critical
- Policy Launch
- Culture changing policy
- Required change management approach
- Leadership at all levels – service area leads
- Multiple stakeholder approach to implementation
- National Training programme – TTT approach -local trainers
- Resource development to support implementation
- Roll out across all services
- Continual consultation, learning, review and updates
- Performance Measurement



Change Management Approach

Implementation phase involves:

- Practicing collective leadership
- Demonstrating visible commitment
- Decision making that supports the change
- A dedicated focus on communication using a wide range of methodologies and digital platforms.
- Improving capacity for change and co-production through applied practice based interventions, education, curriculum and resource development, evaluation and refinement of the offering to the system to ensure accessibility and continued relevance.
- Explore ways to align development resources to add value at local level.

Reference:HSE Change Guide

Bringing the Change to Life involves:

- Having a clear vision, purpose, objectives and expected outcomes
- All staff being aware of their roles and responsibilities
- Leadership and visible commitment at all levels
- Connected values and shared decision making
- Trust and goodwill
- Dialogue and networking – multiple stakeholder approach and involvement.
- Person centred approach
- Listening to the voice of patients, service users and staff.
- Recognising that every contact counts, every person can make a difference and change requires us all working together
- Insight
- Training and education/Tools and resources to support

JUST CULTURE: A values based supportive model of shared accountability (IMF 2020)

Proposes that:

- Individual Practitioners should not be held accountable for systems failings over which they have no control
- Does not absolve staff of the need to behave responsibly and with professionalism
- Does not tolerate conscious disregard of clear risks or professional misconduct
- Staff feel psychologically safe both to report errors and to ask for help when faced with an issue beyond their competence





Start here – Q1. deliberate harm test				
1a. Was there any intention to cause harm?	▶	Yes	Recommendation: Follow organisational guidance for appropriate management action. This could involve: contact relevant regulatory body, suspension of staff, referral to Gardai and disciplinary processes. Wider review is still needed to understand how and why service users were not protected from the actions of individuals.	End Here
If No, go to next question – Q2. health test				
2a. Are there indications of substance abuse?	▶	Yes	Recommendation: Follow HSE Policy and Procedure on the Management of Intoxicant Misuse. Wider review is still needed to understand if intoxicant abuse could have been recognised and addressed earlier.	End Here
2b. Are there indications of physical ill-health?	▶	Yes	Recommendation: Follow HSE policy for health issues affecting work e.g. Managing Attendance Policy and Rehabilitation of employees back to work after injury or illness policy, and the need to make a referral to occupational health. Wider review is still needed to understand if health issues could have been recognised and addressed earlier.	End Here
2c. Are there indications of mental ill-health?	▶			End Here
If No to all go to the next question – Q3. foresight test				
3a. Are there agreed protocols/accepted practice in place that applies to the action/omission in question?	▶	If No to any	Recommendation: Action singling out the individual is unlikely to be appropriate; the patient safety incident review should indicate the wider actions needed to improve safety for future patients. These actions may include, but not be limited to, the individual	End Here
3b. Were the protocols/accepted practice workable and in routine use?				
3c. Did the individual knowingly depart from these protocols?				
If Yes to all go to the next question – Q4. substitution test				
4a. Are there indications that other individuals from the same peer group, with comparable experience and qualifications, would behave in the same way in similar circumstances?	▶	If Yes to any	Recommendation: Action singling out the individual is unlikely to be appropriate; the patient safety incident review should indicate the wider actions needed to improve safety for further patients. These actions may include, but not be limited to, the individual.	End Here
4b. Was the individual missed out when relevant training was provided to their peer group?				
4c. Did more senior members of the team fail to provide supervision that normally should be provided?				
If No to all go to the next question – Q5. mitigating circumstances				
5a. Were there any significant mitigating circumstances?	▶	Yes	Recommendation: Action directed at the individual may not be appropriate; follow organisational guidance, which is likely to include senior HR advice on what degree of mitigation applies. The patient safety incident review should indicate the wider actions needed to improve safety for future service users.	End Here
If No				
Recommendation: Follow organisational guidance for appropriate management action. This could involve individual training, performance management, competency assessments, changes to Q4 or increased supervision, and may require relevant regulatory bodies to be contacted, staff suspension and disciplinary processes. The patient safety incident review should indicate the wider actions needed to improve safety for future patients.				End

Extracted from the HSE Incident Management Framework (available at <https://www.hse.ie/eng/about/who/nqpsd/qps-incident-management/>)

Adapted from NHS Improvement (UK) with permission.



Considerations for Local Implementation

LEADERSHIP

- Leadership at all levels including clinical leadership
- An Open Disclosure Lead has been identified at senior management and/or clinician level.
- An Open Disclosure committee is established or Open Disclosure is a standing agenda item for an existing committee(s) e.g. Quality and Patient Safety Committee or Governance Committee.
- This committee includes senior clinical representation from across the organisation.
- Compliance with open disclosure is included in the annual report on incident management and open disclosure

POLICY

- The HSE National Open Disclosure Policy is in operation in the service.
- The local governance structure for the ownership and implementation of the Policy is clear
- The Open Disclosure policy is easily accessible
- The Open Disclosure policy is communicated to all staff.



Considerations for Local Implementation

INCIDENT MANAGEMENT AND RECORD KEEPING

- Open Disclosure is undertaken as part of the incident management process.
- Open Disclosure is recorded in the patient/service users healthcare record
- Patients/services users are provided with a record of formal open disclosure meetings.
- The Open disclosure data fields are completed on NIMS.

SUPPORT FOR PATIENTS AND SERIVCE USERS

- Supports are available for patients/service users/their relevant person(s) who require immediate and/or long term support in the aftermath of a patient safety incident.
- The organisation identifies a designated person (key contact person) to liaise with and support patients/service users/their relevant person(s) during the open disclosure process.
- The open disclosure Patient Information Leaflet is made available for patients and/or their relevant person (from Open Disclosure Website).
- The organisation provides information to patients/service users on patient advocacy services available to them.



Considerations for Local Implementation

SUPPORT FOR STAFF

- Staff are aware of the support services that are available to them following patient safety incidents and are supported to access these services.
- There are nominated staff support persons within the organisation.
- The ASSIST Me model of staff support is available to guide / assist staff.
- Managers are aware of their role in relation to supporting staff following patient safety incidents.

TRAINING

- Staff are aware of mandatory training requirements in relation to open disclosure.
- Staff are provided with access to Open Disclosure training relevant to their role.
- There are open disclosure trainers available for your organisation.
- Open Disclosure is included in staff induction/orientation programmes and staff handbooks.
- Staff uptake of training is monitored within the organisation.
- Training records are maintained by the organisation.



Considerations for Local Implementation

VISIBILITY

- The organisation promotes the principles of Open Disclosure among staff e.g. via newsletters, team meetings, local intranet, special interest meetings, governance meetings, quality and risk committees or any other suitable existing forums
- The organisation includes information on Open Disclosure in promotional materials e.g. service user/patient information leaflets/posters/internal communications

PERFORMANCE MEASUREMENT & QUALITY ASSURANCE

- The organisation monitors the performance of the Open Disclosure policy.
- The organisation provides a report to senior management on the operation of the Open Disclosure policy.





Open Disclosure Performance Measurement programme

- **Open Disclosure Performance Measurement**

5 work streams with membership from internal and external stakeholders, patient representatives and patient advocates have been established to develop an Open Disclosure performance measurement programme.

- **Work stream 1** is focusing on the development of a KPI for the pending Patient Safety Bill, the identification of data required and the adaptation of NIMS to provide this data.
- **Work stream 2** is focusing on the development of audit and assurance mechanisms to demonstrate compliance with the implementation of the HSE Open Disclosure policy.
- **Work stream 3** is focusing on the development of a patient experience survey tool to establish patient experience of the Open Disclosure process. Following an invitation to quote UCD have been successful in their bid and will be conducting the research and development of this tool in collaboration with Work Stream 3.
- **Work stream 4** is focusing on the development of an indicator to accurately capture the percentage of staff who are up to date with their open disclosure training over a 3 year period. A number of training bodies are involved in this group.
- **Work stream 5:** Oversight work stream



Content of Annual Report (as per DRAFT National Open Disclosure Policy Framework)

1. Development of an Open Disclosure Policy – declaration that the service operates an Open Disclosure policy (HSE)
2. Development and implementation of open disclosure training for all clinical and non clinical staff including agency staff – details of number of staff trained and breakdown of staff groups
3. Evidence of the availability of support structure for all staff clinical and non-clinical including agency staff – list resources .
4. Evidence of the availability of the support structure for patients, service users and/or their relevant person** - list resources
5. The number of appointed and trained clinical and managerial open disclosure champions (Open Disclosure Leads).
6. The number of Open Disclosure processes initiated and closed – NIMS data
7. Evidence of compliance with the mandatory Open Disclosure requirements set out in the PSB – **when PSB commenced.
8. Evidence of learning that has occurred

Legislation: Legislative process to date

**Civil Liability
(Amendment) Act 2017
(Part 4)**

**Commenced September,
2018**

**Civil Liability (Open
Disclosure) (Prescribed
Statements) Regulations
2018**

**Commenced September
2018**

**Patient Safety
(Notifiable Patient
Safety Incidents) Bill
2019**

**Approved by Government
5 July 2018**

**Passed Committee Stage
10th March 2022**

Patient Safety Bill: Provisions for mandatory open disclosure.
List of 14 Notifiable patient safety incidents
Further amendments of the bill planned at next stage i.e. report stage.



HSE website

www.hse.ie/opensdisclosure

Resource for staff, trainers, organisations and the public.

New this week:

Public webpage updated and launched this week.

List of patient support services and resources launched on website this week

List of staff support services and resources launched on website this week.

HSE Open Disclosure Office

Email@ opensdisclosure.office@hse.ie

Open Disclosure Leads

Details available on <https://www.hse.ie/eng/about/who/nqpsd/qps-incident-management/open-disclosure/open-disclosure-leads.html>



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Open disclosure.office@hse.ie
www.hse.ie/opendisclosure
@NationalQPS
#QIreland



Open Disclosure Pilot

Moya Wilson
Quality & Patient Safety Manager
Sligo University Hospital

AIM

To build the capacity of staff to prepare for and manage open disclosure meetings with patients, services users and their relevant person following a patient safety incident .

This is a follow on module designed to support and complement Open Disclosure E-learning Modules 1 and 2.

Rationale

Currently there are two e-learning modules available on HSeLanD which provide an overview on how to communicate in an open, timely, empathic, and compassionate way with patients and their families when things go wrong during their health care journey. These modules have proved very effective in supporting staff through the Open Disclosure process.

However, the need for additional “face to face” skills training for staff to practice open disclosure in a safe supportive environment was identified as an additional training need, hence the pilot was developed.

Approach

- ▶ Clinicians from all Directorate's
- ▶ Clinical Leads for NCHD's and Interns
- ▶ Patient representative
- ▶ NPDU
- ▶ Clinical Site lead
- ▶ Service specific scenario's
- ▶ ROLE PLAY
- ▶ TIME
- ▶ LUNCH
- ▶ Documentation of meetings

Next steps

- ▶ Continue with training sessions for all specialties annually (Nursing & NCHD)
- ▶ Work on documentation of Open Disclosure



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Open Disclosure Implementation

Emma Naughton,
Quality and Risk Manager,
Community Healthcare West

What we have done so far

- Communication campaign and posters on Open Disclosure
- On Agenda of monthly Senior Management Team QSSI Committee
- Monthly Analysis of HSE Land training statistics by Data Manager
- Train the trainer program completed for delivery of key skills workshop
- Commenced delivery of key skills workshop with senior clinicians and managers
- Draft local Open Disclosure procedure developed
- Developed project initiation document for submission to Senior Management Team
- National Open Disclosure theme week promotion



What has worked well

- Promotion of Open Disclosure HSELand module 1 and SMT focus on compliance has led to increased uptake of training
- New trainers have completed the Open Disclosure train the trainer course
- Linking QPS Trainers with Trainers from Care Groups to jointly deliver training to enrich experience. Good feedback from participants in key skills workshops
- Excellent material available from National Open Disclosure Office
- Engagement with Portfolio Management Office to manage implementation of Open Disclosure as a project involving sponsor and key stake-holders



Open Disclosure Training Status



MODULE 1 %

% of Staff who have
completed Module 1



MODULE 2

No. of Staff who have
completed Module 2



KEY SKILLS WORKSHOP

No. of Senior Clinicians/
Managers that have
completed Key Skills
Workshop

Open Disclosure Training Status - improving



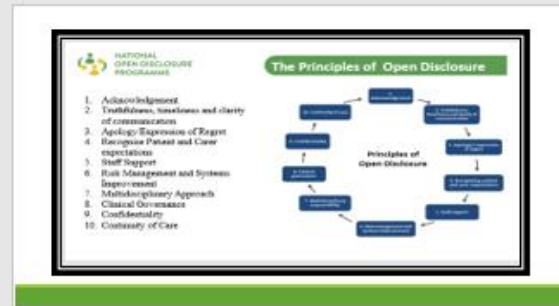
Open Disclosure Awareness Campaigns



1



2



3



4



5



6

Open Disclosure Implementation Project



Step 1

Step 1

Engage with Portfolio Management Office (PMO) regarding development of Project Initiation Document (PID).

Step 2

Step 2

PID to be reviewed and approved by Head of Service, Quality, Safety and Service Improvement.

Step 3

Step 3

PID to be presented to Chief Officer and Senior Management Team for review and approval to proceed as PMO supported project.

Step 4

Step 4

Detailed project plan involving key stakeholders, deliverables and timelines to be developed and agreed and project initiated.



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Project Initiation Document



Cúram Sláinte
Phobail, Iarthar
ag freastal ar Ghailimh,
Maighéo agus Ros Comáin

Community
Healthcare West
serving Galway, Mayo
and Roscommon

Building a Better Health Service

CARE COMPASSION TRUST LEARNING

Project Initiation Document

Division:	Quality, Safety and Service Improvement
Project Name:	Implementation of HSE National Open Disclosure Policy and Local Open Disclosure Procedure.
Document Prepared By:	Emma Naughton, Quality, Patient Safety and Risk Manager

Contents

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Challenges/barriers and how we addressed these

- Poor module 1 compliance – circulating OD newsletters, training requirements memo, raising at key meetings has resulted in improvement
- Releasing senior staff for face to face key skills training workshop – promoting at SMT, Business meetings, QPS Committees
- Staff requesting face to face key skills training when not required for their position – do not have the training resources to provide this – Heads of Service have nominated the staff required to complete this training
- Delay in Patient Safety Bill impacting review of existing National Open Disclosure Policy leading to some uncertainty
- Difficulty measuring accurate number of Open Disclosure meetings taking place – national work stream reviewing this, QPS Advisors raising at SMT and QPS Committees



Governance, leadership and oversight

- Open Disclosure is a standing item on the SMT QSSI Committee agenda
- Update given monthly at SMT re training compliance and updates from National circulated as appropriate
- SMT members to attend Open Disclosure face to face key skills workshop
- Open Disclosure Implementation - Project Initiation Document developed, for review at next Senior Management Team as part of CHW projects portfolio
- Challenges to oversight of Open Disclosure meetings taking place as current system of capturing this is not robust – NIMs – Yes/No. Reliance on SIMT to ensure this is captured appropriately

Support from the National Open Disclosure Team

- Excellent support from the national Open Disclosure team in answering any questions
- Facilitation of Open Disclosure key skills workshops by National Open Disclosure trainers
- Great training and guidance material on Open Disclosure website for trainers, managers and staff
- Monthly Open Disclosure Leads meeting provides support and updates re progress of legislation, national HSE Open Disclosure Policy and project work-streams
- CHO participation in National Open Disclosure work-streams beneficial



Open Disclosure

Paula Cussen Murphy
Director of Quality and Patient Safety
UL Hospitals Group

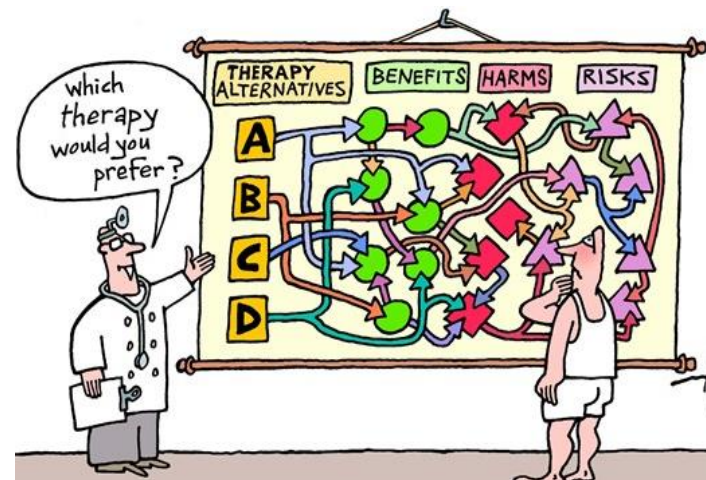
What Approach?

- Establishing a robust Group wide Steering committee, representative of all sites with a clear Terms of Reference.
- Voice of the patient at the table with a representative from the Patients Council.
- Using the National Open Disclosure Resources.
- The newsletter circulated across the group regularly.
- Circulating the various support documents.
- Sharing data on training uptake quarterly.
- Regularly promoting training and the importance of Open Disclosure with the support of our Comms. Team.
- Updating the Executive Management team on progress on a monthly basis.




What Approach?

- Training – online for all staff (Module 1+2 as appropriate).
- Identifying staff to train as Train the Trainers to support the roll out of face to face training.
- Developing a pool of resources to support frontline staff.
- Complementing that with communications training.
- Establishing the Designated Person's role within the group.
- Identifying the staff we need to focus the training on and set up a rolling programme of face to face training across the group.



Benefits of a Quality Approach

- 
- Support staff to make informed decisions.
 - Strengthens the relationship with patients and their families despite the circumstances.
 - Engages patients, their families and/or those close to them during a difficult time.
 - Increases patient satisfaction.
 - Improves follow up and aftercare.
 - Provides assurance and support to patients and their families.
 - Providing a consistent approach, across the Group to Open Disclosure.
 - Helps prevent litigation.

What's Next for ULHG?

- Using the Open Disclosure Week to further promote Open Disclosure with rolling programmes across the group over the course of the week (stickers, balloons, buns) with OD information stands and training provided during the week.
- Complete the OD sticker for the patients HCR.
- Continue the roll out of the Face to Face training.
- Audit compliance.

When should this document be used?

Low Level Response:	High Level Response:
This will involve a face to face meeting with the patient when there is no harm to the patient or the level of harm is minimal (i.e. Category 3 incidents).	A high level response will be required when a patient has suffered a moderate or greater level of harm (i.e. Category 1 and Category 2 incidents).
<ul style="list-style-type: none">• Acknowledge what happened and the impact on the patient (if any)• Provide a factual explanation, a meaningful apology and reassurance in relation to on-going care and treatment.• Document the salient points of the discussion in the patient's clinical/care record.• Assess the need for follow up including if a further meeting is required.	<ul style="list-style-type: none">• This will generally involve an initial discussion with the patient and/or their relevant person to acknowledge that a patient safety incident has occurred followed by further meeting(s) to update the patient and/or relevant person.• Once more detailed facts are established, a formal open disclosure meeting will be offered to the patient/relevant person. Ideally this should be a face to face meeting.



An Open Disclosure Quality Initiative in St. Johns Hospital Limerick Noreen Kennedy, QPS Manager

Guidance on: Documentation of the Salient Points of Open Disclosure in a Clinical File following a Patient Safety Incident

Why

IMF Audit

NIMS

Reviews/PAs

Meetings
with
families

Discussions
with members
of the MDTs

Guidance on Documenting the Salient Points of Open Disclosure in a Clinical File following a Patient Safety Incident

TO BE USED FOR:	
1.	Low Level Open Disclosure meeting where a no harm or minimal harm incident has occurred (i.e. Category 3 Incident low level Open Disclosure)
2.	Category 1 & 2 Incidents for documentation of the initial meeting. The QRPS department must be contacted in advance to assist with process.

The documentation of the Open Disclosure discussion will be done by the person leading the open disclosure.

Stick the **Open Disclosure Sticker** on the page where you document your discussion.

As a guide please record details under the following headings:

- Date and time of the incident
- Date and time of Open disclosure meeting
- To whom was the disclosure made to – (Consider if open disclosure is not being made to the patient that consent been obtained to disclose to the relevant person)
- Who was present at the open disclosure meeting
- The salient points discussed with the patient and/or their relevant person during the open disclosure meeting
 1. Details of the patient safety incident
 2. The impact of the patient safety incident on the patient, if any
 3. The apology provided
 4. Name of staff member to contact should further questions arise
 5. The agreed care/treatment plan and actions in relation to the patient safety incident
- Sign and Date:

It is best practice for the staff present at the meeting to ensure that an accurate record is maintained in the clinical file. Nursing staff present may also record in their nursing notes that the meeting has taken place and it important this information is provided at Nursing Handover including actions taken/ agreed.

The details of the incident and open disclosure of the incident to the patient/relevant person must be documented on a **National Incident Report Form (NIRF 01 Person)** by a member of staff who was either involved in the incident or a member of the treating medical team.

Sticker to alert that Open Disclosure has taken place.

Open Disclosure

Contact QRPS Department on 110/247 if you have any queries

How

How

- ▶ Spoke to staff
- ▶ Used national guidance
- ▶ Looked at what existed


- ▶ Draft template

- ▶ Feedback reviewed


Feedback

- ▶ Something simple
- ▶ Easy to use
- ▶ Clear

- ▶ Feedback for draft template was very positive
- ▶ Implementation



Feedback from training “its ok to say sorry”



Surgical consultant found the template really useful

Current Practice-

Documentation of Open Disclosure has improved by 20% following patient safety incidents from 40% to 60%

Incorporated into face to face Open Disclosure Training & induction

Ask staff to document retrospectively if nothing documented in the clinical file.

Aiming for for 100% compliance

Documentation of **Open Disclosure**

"THE RIGHT THING TO DO"



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NATIONAL
OPEN DISCLOSURE
PROGRAMME



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National Quality and
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Office of the Chief Clinical Officer

Ms Bernie O'Reilly

Member of Patients for Patient Safety
Ireland (PFPSI) since 2015.

Open Disclosure is a priority for
PFPSI members.



Patients for Patient Safety
Ireland



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