

1. Purpose

This policy aims to inform staff of the requirements for Open Disclosure. It emphasises an appropriate and consistent approach for transparent communication with patients, their carers, and family after an adverse event.

2. Scope

This policy applies to all Icon Cancer Centre division sites, staff, and support services.

3. Overview

Icon Cancer Centre is required by legislation to protect the privacy of patients, doctors and others when conducting investigations, creating reports and making any disclosures during the Open Disclosure process. Patients, their families and carers should be informed of these requirements. Icon's Open Disclosure policy is based on the principles outlined in the *Australian Open Disclosure Framework* and the *Australian Charter of Healthcare Rights*.^{1,2}

In Victoria, amendments to the Health Services Act 1988 (Vic) define legal obligations requiring health service entities to apologise to patients and their families or carers when they have suffered a serious adverse patient safety event (SAPSE).³

4. Definitions

Please refer to the document *Icon Group Patient Safety Dictionary* for definitions used in this document.

5. Guidelines

Open Disclosure processes are to follow the respective Guidelines, Legislation, and Regulation issued by each State. The Australian Open Disclosure Framework applies when a State does not have a specific Guideline, Legislation, and Regulation.¹

Further guidance can be applied as described in Clinical Excellence Commission, 2014, *Open Disclosure Handbook*.⁴

Information obtained from the open disclosure investigation should be recorded and stored following the Guidelines, Legislation, and Regulation of the State.

All adverse events are reported per the Clinical Incident Management Policy (refer to GOVR 003).

The elements of Open Disclosure include the following:

- an apology or expression of regret should consist of the words "I am sorry" or "we are sorry."
- a factual explanation of what happened
- an opportunity for the patient to relate their experience
- a discussion of the potential consequences of the adverse event
- a description of the steps being taken to manage the adverse event and prevent re-occurrence

Staff involved in the adverse event should be monitored and supported as required, including the offer of counselling and relief from duty where appropriate.

Following any injury, accident or adverse event requiring medical attention, an immediate documented investigation is initiated of what occurred, why it occurred, and identification of systems and processes to prevent it from happening again in the incident management report.

The Quality and Risk Unit coordinates the initial response and sets the plan to meet all timelines set for open disclosure and regulatory reporting requirements. This can be instigated at any point of the incident management process.

6. Supporting External Documentation / Legislation

Doc No.	Name of Document	Version No.	Source
1	Australian Open Disclosure Framework	2013	Australian Open Disclosure Framework
2	Australian Charter of Healthcare Rights 2019	2019	Australian Charter of Healthcare Rights
3	Health Legislation Amendment (Quality and Safety) Act 2022	2022	Health Legislation Amendment (Quality and Safety) Act 2022
4	Clinical Excellence Commission, 2014, Open Disclosure Handbook	Oct 2014	Clinical Excellence Commission, 2014, Open Disclosure Handbook
	Health Services Act 1988 (Vic)		Health Services Act 1988

NSQHS Standard(s)
1. Clinical Governance

7. Related Policies & Procedures

Related Policies & Procedures		
Document Code	Name	Division
GOVR 003	Clinical Incident Management Policy	Icon Cancer Centre
GOVR 005-01	Open Disclosure Procedure	Icon Cancer Centre
	<i>Icon Group Patient Safety Dictionary (Under development)</i>	<i>Icon Group</i>

8. Version Control & Authorisation

Document Owner.	Group Medical Director
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Version History					
Version No.	Author	Approver	Date Approved	Change History	Review Date
1	Kyla Snelling	Dr Ian Irving	14/08/2018	Integration of medical/radiation oncology documents. Approved by MAC 14/8/18	14/08/2021
1.1	Justine Morrow	Dr Ian Irving	17/09/2019	Updated to reflect Icon Cancer Centre template change	14/08/2021
1.2	Alison Males	William John Rockett	07/02/2023	Revised. Sections 3,4,5 & 6 updated.	07/02/2026