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Every patient has the right to be treated with care, consideration and dignity.

At this hospital we respect this right, and we're committed to improving the safety and quality of the care we deliver. That's why we have a policy of open disclosure to assist patients if they experience an adverse event — in other words, if they are unintentionally harmed by their health care.

This leaflet aims to inform you (the patient), your family and carers about the open disclosure process. It also tells you what you can expect if you experience an adverse event during your hospital visit.

For more information



Open Disclosure

INFORMATION FOR PATIENTS



What is Open Disclosure?



In Australia, when we need to visit a health care professional, we can expect to receive the safest health care available. But sometimes things may not work out as expected. For example, a patient may be given the wrong dose of medicine. Or there may be complications after surgery that mean the result is not as good as expected. Most adverse events are minor and do not result in harm. When a patient is harmed they have a right to know what has happened and why.

If an adverse event occurs, the hospital needs to follow a process of open disclosure. This means that patients and their family or carers are told, as soon as possible after the event, what has happened and what will be done about it. An important part of the process is finding out exactly what went wrong, why it went wrong and actively looking for ways to help stop it from happening again.

What can I expect if something goes wrong?

If something goes wrong during your hospital visit, a member of the hospital staff will talk to you and your family or carers about what happened. You can also discuss any changes to your ongoing care plan because of the adverse event.

In this situation, you have the right:

- to have a support person of your choice present at the discussion
- to ask for a second opinion from another health care professional
- to pursue a complaints process
- to nominate specific people (family or carers) who you'd like to be involved in this process.
- to nominate people who you do not wish to receive any information.

To make the process easier we'll ask you to nominate someone (a member of your family, close friend or hospital patient advocate) to support you during your stay in hospital.

Who should I nominate as a support person?

- someone you are comfortable with and can talk to easily
- someone to whom we can give personal information about you
- someone who is able to take the time, if necessary, to be with you in the hospital.

Who at the hospital will speak to me?

The person who talks to you about what happened is likely to be one of the health care team that is looking after you. This may be a doctor, nurse, manager, social worker or other allied health professional. However, if you have difficulty talking to this person, you can nominate someone else.

Ideally this will be someone who:

- you are comfortable with and can talk to easily
- has been involved in your care and knows the facts
- has enough authority in the hospital to begin action to stop the problem from happening again.

Who else will be present?

The person who will be discussing what happened is also able to have someone there to assist and support them. When something goes wrong it is distressing for the patient and their carers, but it is also traumatic for the health care team involved. Sometimes discussion soon after the event can become quite emotional or heated. Having someone there who is not as closely involved can help to make the discussion more constructive. This is likely to assist you as well as the health care team member.

What will happen afterwards?

As part of the open disclosure process, if something does go wrong, steps are taken to prevent it from happening again. The hospital will investigate what went wrong. You will be informed of the results and the changes that will be made to prevent the same thing from happening to someone else. If the investigation takes a long time, you will be kept up to date with its progress. If you wish, a meeting will be arranged for you to discuss the results of the investigation when it's finished.

How can I improve my health care safety?

Everyone can play a part in making health care safer. This goes right through from the governments that make high level decisions about the health system, to you as a patient receiving care. The most important way to help prevent things from going wrong and to get the best possible care for your needs is to take part in decisions that are made about your treatment.

There are a number of practical ways that you can do this. Make sure that you give your health care team information about matters that may affect your health care. For example, tell them about all the medicines you are taking, including any non-prescription medicines. Collect as much reliable information as you can about your condition, treatment and medicines. And talk to a member of your health care team if you have any questions or concerns. If you'd like to know more, ask for a brochure on ways that you can be more involved in your health care.