

Open Disclosure

1 Rationale, Organisation Statement and Definitions

Rationale

CAPAH Multicultural Home Care promotes a culture of openness, honesty and timely communication as a fundamental element of a caring and professional workplace. Open disclosure is the open discussion that occurs when something goes wrong that has harmed or has the potential to cause harm to a person receiving aged care services. This policy ensures compliance with the Aged Care Act 2025 (Cth), the Duty of Candour, and the Strengthened Aged Care Quality Standards effective in November 2025.

Aged Care providers are expected to promote a culture that supports open, honest and timely disclosure as a fundamental element of a professional and caring workplace and which promotes an environment of continuous improvement.

*"Open disclosure is the open discussion that an aged care provider has with people receiving aged care services when something goes wrong that has harmed or had the potential to cause harm to a person receiving aged care service."*¹

There are four key Principles that underpin open disclosure

1. Dignity & Respect
2. Privacy & Confidentiality
3. Transparency
4. Continuous Quality Improvement

Providers, their management and staff need to ensure there is open and transparent communication with older people accessing care services, their families and representatives.

Organisation Statement

CAPAH recognises that on occasion Participants may experience an adverse event as a result of an incident that occurs while receiving care and supports from staff or contractors employed by the organisation.

The organisation seeks to remain open and transparent to care recipients and their family where an adverse event has occurred while receiving care and supports from our staff.

¹ Aged Care Quality and Safety Commission, Open Disclosure Framework and Guidance 2019

Open disclosure relating to an event will be practiced where the event or incident has caused harm or had the potential to cause harm (near miss) including physical, psychological or social harm that results in the loss of quality of life, impairment, suffering, injury, disability or death.

*"Open disclosure is not about a legal process, or providers admitting fault."*¹

The organisation acknowledges that an apology extended to a consumer is not intended to be, and should not be seen as, an admission of fault or liability.

1.1.1 Organizational Governance

The organisation will promote and encourage **organisation enablers** to support open, transparent, responsive and effective care and quality management as part of our organisational governance; this includes:

- Strong leadership and organisation culture.
- Care recipient partnerships; people feel comfortable in raising concerns when something goes wrong.
- Organizational systems - process, policies and procedures are relevant, accessible and support effective risk management and quality improvement.
- Timely and effective monitoring and reporting, with any subsequent changes monitored for effectiveness.
- An effective workforce, with clear roles and responsibilities; staff and management are enabled to do their job, feel supported and able to raise concerns and provide appropriate support to residents and their representatives when something goes wrong.
- Good communication processes and relationships, internally with staff, and with residents and their representatives. Effective record keeping, processes and training is also recognised as important, as is communication with external providers on what has occurred, in accordance with the consent and wishes of the resident and their family.

1.1.2 Client Rights

The organisation affirms that Participants and /or their representatives have the right to:

- Know when something has gone wrong and to have this acknowledged by the organisation.
- To receive a factual explanation of what occurred and any consequences that have or may arise from the incident.
- To have information about the incident provided in a way the resident / their representative understands.
- To receive an apology or expression of regret offered with sincerity and empathy.
- To receive an explanation of what the organization is doing or has done to limit the chances of the incident reoccurring.
- To be provided with an opportunity to express their response to the incident to the organization and to have their experience and feelings acknowledged by the organization.

Responsibilities

Governing Body / Committee:

- Promote a culture of openness and candour.
- Review open disclosure trends and outcomes.
- Ensure compliance with the Duty of Candour and Aged Care Act 2025.

Management:

- Investigate and respond to incidents promptly.
- Ensure staff training on open disclosure and culturally safe communication.
- Report incidents under the Serious Incident Response Scheme (SIRS).

All Staff:

- Acknowledge and report incidents immediately.
- Offer sincere apologies and document open disclosure communications.
- Participate in quality improvement activities.

Open Disclosure Process

1. Identify when something has gone wrong.
2. Address immediate needs and ensure the consumer's safety.
3. Acknowledge and apologise with sincerity.
4. Explain what happened and why.
5. Learn from the experience and implement improvements.
6. Ensure SIRS reporting requirements are met where applicable.

Confidentiality and Continuous Improvement

All open disclosure activities must be handled confidentially. Findings from incidents will inform CAPAH's continuous quality improvement plan. Consumers and their representatives will be invited to participate in system improvement discussions.

Legislation and Standards

- Aged Care Act 2025 (Cth)
- Duty of Candour
- Serious Incident Response Scheme (SIRS)
- Privacy Act 1988 (Cth)
- Charter of Aged Care Rights
- Strengthened Aged Care Quality Standards 2025 (Standards 1, 2, 3, 5, 6)

Definitions

The table below outlines key related definitions.

Term	Definition
Open Disclosure	<i>"Open disclosure is the open discussion that an aged care provider has with people receiving aged care services when something goes wrong that has harmed or had the potential to cause harm to a person receiving aged care service."</i> (Aged Care Quality and Safety Commission)
Organisational Enablers	The skills and knowledge, the tools and resources, and the culture of an organisation that will enable it to achieve a specific outcome or strategy.

2 Responsibilities

Governing Body/Board

The Committee will promote and support a culture of openness and transparency, where:

- Incidents, feedback and complaints are investigated appropriately and in a timely manner.
- Appropriate action is taken to address immediate needs and provide support.
- The organisation learns from experiences, with appropriate changes and/or improvements applied, and action taken that improves systems, practices or culture.

Management Team

- Ensure all staff are aware of and trained in the concept, principles and elements of open disclosure.
- Investigate and address incidents as soon as made aware, providing support to address any immediate needs or concerns, and offer an apology or expression of regret with sincerity and empathy.
- Address serious incidents in conjunction with relevant staff, including external care providers or stakeholders who may be involved.
- Ensure all incidents are correctly investigated, documented, logged and forwarded to the appropriate organisational area as required.
- Provide open communication with the Participants and/or their representative throughout the process.

- Review the incident, processes, procedures and other contributing factors and develop a plan to address identified gaps to minimise the chance of the incident reoccurring; and
- Ensure that the Committee is informed of the nature of the incident, what action was taken, outcomes and what impact this may have in relation to changes to systems, processes, policy, resources or training.

All Staff responsibilities

- Acknowledge incidents as they occur and provide an appropriate apology or expression of regret with sincerity and empathy.
- Alert their manager/ supervisor of incident/s and take direction in relation to appropriate action as required; and
- Engage with and participate in any subsequent process related to improvement or change that may be required.

Approach

2.1.1 Open Disclosure management process:

- Acknowledge that an incident or unexpected event has occurred as soon as possible, even if further investigation is required.
- Address the Participant immediate needs and provide support as required.
- Communicate with the Participants/ their representative in a timely, open and honest manner.
- Provide an apology or expression of regret as early as possible with the words, "I am/we are sorry..."
- Investigate the incident and ascertain what occurred.
- Give the Participants / their representative the opportunity to ask questions, tell their side of the story and provide their views and observations about the incident.
- Acknowledge to the Participants / their representative what occurred, providing full disclosure of the facts regarding the incident and its consequences, including:

- What happened
- Why it happened

What has been done to prevent this reoccurring.

- Do not admit liability for the incident or apportion blame on any one person.
- Refrain from making unrealistic promises and pre-empting results of reviews and investigations where these are ongoing.
- Provide assurance that they will be informed of further investigation findings and the recommendations for system improvement.

- Offer practical and emotional support, if warranted.
- Support changes to care or services that result from the incident.
- Update Participants documentation, including conversations and documents that relate to the open disclosure process.

Ensure appropriate communication with culturally and linguistically diverse Participants by utilising interpreter services, if necessary. Using family (or other support persons) to interpret should only occur with the consent of the person.

2.1.1.1 Confidentiality

All incidents must be dealt with confidentially within the need to resolve the issue as raised.

2.1.1.2 Continuous Quality Improvement

All incidents will undergo appropriate analysis, and the results of any investigation will inform ongoing quality improvement.

- Amendments to staff training, policies, procedures, documentation etc. to be added to the organisation's plan for continuous improvement.

3 Related Links and References

External Links and References

Aged Care Quality and Safety Commission - Open Disclosure Framework and Guidance:

<https://www.agedcarequality.gov.au/resources/open-disclosure>

Aged Care Quality and Safety Commission - Better Practice Guide to Complaints Handling:

<https://www.agedcarequality.gov.au/resource-library/better-practice-guide-complaints-handling-aged-care-services>

4 Related Policies, Procedures and Documents

Policies and Procedures

The policies and procedures linked to this policy include, but are not limited to:

- Abuse, Neglect and Serious Incidents
- Advocacy
- Behaviours of Concern and Restrictive Practice
- Choice and Dignity of Risk
- Complaints and Feedback

- Quality & Continuous Improvement
- Incident Management
- Risk Management

Forms and Documents

Incident form

Plan for Continuous Improvement

5 Relevant Legislation

Aged Care Act 2024

Aged Care Complaints Principles 2015

Statement of rights

Privacy Act 1988 (Cth)

User Rights Principles 2014

6 Relevant Care Standards

Strengthened Quality Standards: 6 feedback and complaint, outcome 6.2 – open disclosure

Standard 1 – The Person (ensuring respect, dignity, and informed choice).

Standard 8 – Organisational Governance (ensuring the governing body promotes accountability and continuous improvement).

NDIS Practice Standards 1, 2 and 3

7 Document Management

Review Triggers

The organisation will review this policy at least triennially (every three years) to ensure its relevance and effectiveness.

Applicability, continuing effect and consistency with related documents and other legislative provisions, when any of the following occurs, may also be a trigger for review, e.g.:

1. Related documents are amended or replaced.
2. Industry, legislation or regulatory changes necessitate modifications to policy and procedures.

3. Other circumstances as determined from time to time by a resolution of the COMMITTEE.


Questions

If a workplace participant is unsure about any matter covered by this policy, they should seek the assistance of the coordinator.

Variations

Under the direction of the Committee, the management team reserves the right to vary, replace or terminate this policy. This policy is to remain in force until it is changed.

8 Document Status

Action	Name and Title	Signature	Date
Prepared by	CDCS		SEPT 2024
Approved by	CAPAH / COMMITTEE MEMBERS AND MANAGER		Nov 2024

Version and Revision Information

Revision	Change description	Reviewed by	Approved by	Date
1	Updated to new template, significant changes to content.	CDCS		Sept 2024
2	Minor revisions to related Policies and documents list; and Addition of new Aged Care Quality Std reference	CDCS		Nov 2024
3	REVIEW			NOV 2026