



Holland Christian Homes      POLICY and PROCEDURE			
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## **POLICY**

- Holland Christian Homes is committed to resident safety and ensuring that all staff understand their individual, ethical and professional responsibility in disclosing resident safety events to residents and families. The intention is to improve the quality of care a resident receives, ensuring the resident is fully informed and building mutual trust and respect with the resident and their family. Disclosure of resident safety events can only serve to enhance resident safety by reinforcing the values important to a culture of safety – honesty, respect and transparency.
- Holland Christian Homes values feedback from residents and families and encourages them to share their perspective on the resident safety event and disclosure process. Engaging residents and families offer quality improvement opportunities for the organization.
- Holland Christian Homes also recognizes the responsibility of specific staff to disclose resident safety events to residents and families under a professional license (i.e. SW, RN, RPN, NP, MD).

## **PURPOSE**

- Assist Holland Christian Homes staff in how to properly and openly disclose resident safety events to residents and families.
- Open disclosure affirms residents’ rights; fosters open and honest professional relationships; and enables systems to change to improve service quality and resident safety.
- To comply with applicable laws and regulations and the Holland Christian Homes Mission Statement.

## **PROCEDURE**

### **PHILOSOPHY**

- Holland Christian Homes is committed to the provision of safe quality health care to our residents. Despite best efforts, there are occasions when individuals are harmed by the health care they receive. While such harm is sometimes unavoidable, there are occasions when it results from preventable mistakes or errors in the provision of that care.

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- Holland Christian Homes promotes a clear and consistent approach to open disclosure. It is what residents are entitled to under all applicable legislations and regulations, Resident Bill of Rights, Privacy and healthcare record legislation and other applicable laws. Residents have the right to be fully informed (i.e., to receive the information that a reasonable resident in his or her situation would expect to receive). Residents have a right to know what has happened to them.
- Holland Christian Homes takes steps to ensure that open disclosure is appropriately practiced by staff and supported by management.
- Holland Christian Homes is committed to providing an environment in which all staff are able and encouraged to recognize and report errors or mistakes and are supported through the open disclosure process. This is emphasized in the Incident/Accident Reporting Policy (no blame).
- Holland Christian Homes requires that any resident harmed because of a mistake or an error is to have the circumstances associated with the event fully and frankly disclosed to them and/or their SDM/POA.

### **SCOPE**

- Open disclosure applies to all staff involved in a resident’s care and communication with residents and/or SDM/POA should reflect the fact that care is provided by a multi-disciplinary team.

### **ACKNOWLEDGMENT**

- All events where a resident is harmed as a result of a mistake or error must be acknowledged to the resident and their SDM/POA as soon as possible after the event is identified. An error that affected the resident’s care but does not appear to have caused harm may also need to be acknowledged. Notification of an error may be relevant to future care decisions — whether or not to go ahead with the same procedure on another occasion. The effects of an error may not be immediately apparent.

### **OPENNESS, TIMELINESS AND CLARITY OF COMMUNICATION**

- Information about an event that causes harm is given to the resident and/or SDM/POA in a timely, open and honest manner usually within 24 hours of the event occurring, or of the harm or error being recognized. A disclosure includes acknowledgement of the incident, an explanation of what happened, how it happened, why it happened and, where appropriate, what actions have

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been taken to prevent it happening again. In some situations, specific actions will need to be taken straight away, whereas in other situations where the explanation is still unfolding, the actions that need to be taken may take longer to identify.

- In the immediate aftermath of an adverse event, Holland Christian Homes may be searching for answers and investigating what happened. In these circumstances, it is appropriate to acknowledge the limits of what is known and to make a commitment to sharing further information as it becomes available.
- It is important to emphasize that open disclosure is not a single conversation, but a process of ongoing communication. Communication continues until the resident has all the information and support needed.
- If the incident occurred in a team environment, the team meets prior to the disclosure taking place to discuss:

1. what happened
2. how it happened
3. the consequences for the resident, including continuity of care
4. what will be done to avoid similar occurrences in the future
5. who should be present when the harm is disclosed to the resident.

- If the team is not able to discuss the incident before a discussion with the resident takes place and this does not unreasonably delay the resident’s (or POA/SDM's) receipt of information, then an early initial disclosure occurs, followed by a more detailed discussion with the resident once the team has had an opportunity to meet.

### **APOLOGY**

- The resident and/or SDM/POA receives an honest and genuine apology for any harm that has resulted from a mistake or error as soon as possible after the event. This is our opportunity to say, “We are sorry this happened to you.” It is not about allocating blame for the event’s occurrence, but acknowledging the seriousness of an adverse event and the distress that it causes. Apologies can bring considerable comfort to the resident and have the potential to assist with

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healing and resolution. In some situations, an apology may be critical to the resident/ POA/SDM's decision about whether to lay a formal complaint and pursue the matter further.

### **RESPONSIBILITIES**

- The CEO/Vice President of Operations/Administrator/DRC/ADRC or Director of Tenant Services generally have a higher accountability for the overall responsibility for the resident's care and as such is usually responsible to disclose the incident or the dealing of issues as they arise. The Privacy Officer of Holland Christian Homes is consulted as required to support the appropriateness of the disclosure, especially when disclosing or providing copies of any documentation from the healthcare record.

### **CONFIDENTIALITY**

- Open disclosure processes are confidential and ensure that resident, SDM/POA and staff privacy is maintained in a manner consistent with relevant legislation.
- Disclosures are generally made to the individual resident and any SDM/POA the resident wishes to have present.
- In some situations where the resident has died or been significantly compromised, and/or in circumstances where discussion with the resident is not possible or appropriate, disclosure is made directly to the SDM/POA.

### **RIGHTS OF RESIDENT AND/OR SDM/POA**

- The resident and/or SDM/POA may reasonably expect to be:
  - i) fully informed of the facts surrounding an event where harm has occurred and the consequences of that harm;
  - ii) treated with empathy, respect and consideration and to be provided with such support as is necessary in a manner appropriate to their needs;
  - iii) fully informed as to the outcome of any investigation undertaken together with any changes instituted as a result of that investigation.

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### **ONGOING CARE**

- When a resident has been harmed in the course of receiving health care any required further management or rehabilitation is planned in discussion with the resident and/or SDM/POA in order to ensure that they are fully informed of and in agreement with any proposed ongoing care.

### **DOCUMENTATION AND REPORTING**

- Details about the incident and any harm, the disclosure, and any subsequent investigation, results, action is fully documented in the resident’s healthcare record following the Risk Management documentation procedures through PCC.
- A Critical Incident is also filed with the MLTC as per any applicable legislations and regulations and our Mandatory Reporting Policies. The Central West Home and Community Support Services is also notified as required under our LSAA or MSAA Agreements.

### **SUPPORT FOR STAFF**

- The staff involved also have access to support.
- Ongoing staff training on open disclosure takes place so that staff are able to respond promptly and confidently when things go wrong.
- Training in communication is especially important. An adverse event or incident is emotionally charged for all parties, and specific skills are required to deliver bad news in a sincere, compassionate and thoughtful way.
- Effective communication and empathy is pivotal to the open disclosure process. This is an ongoing topic trained during annual mandatory training.

### **CQI RISK MANAGEMENT**

- All critical incidents, stats pertaining to the number of resident incidents and other resident safety issues are discussed, reviewed and analyzed by a multidisciplinary team on a quarterly basis at our CQI Committee Meetings. In addition, Critical Incidents are reviewed and analyzed quarterly by the Care Committee of the Board of Directors.



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- For every Critical Incident submitted, the MLTC will send an Inspector(s) who will come into our home to review these incidents. The results of these inspections are then shared with our Resident and Family Councils for their input. As required, we may be required to submit action plans or voluntary plans of correction.
- After every incident, there is an opportunity to do better. Action plans are continually developed and implemented as required to improve our care and services in an effort to keep residents safe.