Open Disclosure

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What is Open Disclosure

“An open, consistent approach to communicating with service users when things go wrong in healthcare. This includes expressing regret for what has happened, keeping the service user informed, providing feedback on investigations and the steps taken to prevent a recurrence of the adverse event.”

Review of SQI Programmes

• Following on from the open disclosure issues raised regarding clinical audit in the Cervical Screening Programme, the HSE Chief Clinical Officer and the National Director of the HSE Quality Improvement Division requested that each Clinical Audit organisation carry out an assessment of their audits.
What is a Clinical Audit

“Clinical audit is a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality, and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes”

New Principles of Best Practice in Clinical Audit (HQIP, 2011)

• Although not formally clinical audits, this review, coordinated by the National Office for Clinical Audit (NOCA), required the SQI Programmes to carry out an assessment of their data and procedures.
Results

• SQI data relates to procedures/process measures, does not contain patient identifiable data, or clinical outcomes.

• Annual National Data Reports are created which display anonymised national performance and ensures the relevant parties, including hospital groups, receive the report and can identify themselves in it.

• Data collected for the National SQI Programmes are not part of the clinical management of the patient. The SQI Programmes have no patient identifiable data

• Open Disclosure is carried out by the clinicians and departments involved in the management of each patient.
What this means

• The overall responsibility for Open disclosure is relation to the QI Programmes rests with the local governance of the hospital and the respective regional and national structure for that hospital.

• **Hospital** – a review of the data by the QI/Clinical Lead must be carried out monthly/quarterly (and escalated to the Clinical Director for further action)

• **Hospital Groups and Acute Hospitals Division** - Quarterly Performance Meetings consist of a QI focused agenda. At these meetings the accountable officers from the second layer of HSE Accountability Framework meet.
Recommendations

• Formal process to prioritise, fund and implement new national audits in the HSE to ensure that they are sustainable.

• Standards for design & governance of national audit to include resourcing and ethical consideration

• Supports available to the healthcare system in regard to local audits, specialty registers and using this data to drive improvements.

• Training – data analysis, designing clinical audits, QI approaches, change management

• Time for staff to lead/ take part in improvement projects
Questions

• Do you feel Open Disclosure is well defined?

• Are there frameworks in place for Open Disclosure in your hospital?

• Do you believe that the upcoming legislation protects you as a healthcare professional in relation to mandatory Open Disclosure?

• Do you think the nature of some of the QI Programme’s KQIs raise questions regarding Open Disclosure?
Thank You

Prof Conor O’ Keane