# Open Disclosure Policy

## 1. Purpose

This policy sets out the minimum requirements for a consistent open disclosure process within WA Country Health Services (WACHS) in accordance with the requirements of the Australian Open Disclosure Framework.[1]

## 2. Policy

This policy is applicable to all WACHS staff both supporting and delivering care within WACHS services (excluding contracted health entities), including both salaried and non-salaried medical officers.

An open disclosure discussion must occur where patient harm has been identified whether that harm is a result of an unplanned or unintended event or circumstance or is an outcome of an illness or its treatment that has not met the patient's or the clinician's expectation for improvement or cure. This includes disclosure when a patient has been harmed because they did not receive their planned/expected treatment.

### 2.1 Guiding principles

The mandated guiding principles for open disclosure are as follows:

- Acknowledgement of a clinical incident to the patient and/or their support person(s), as soon as possible, generally within 24 hours of the incident, unless there is a reason for deferral (see Section 2.3). This includes recognising the significance of the incident to the patient.
- Open and timely communication on an ongoing basis as required.
- Providing an apology or expression of regret to the patient and/or their support person(s) as early as possible, including the words "I am sorry" or "we are sorry".
- Providing care and support to patients and/or their support person(s) which is responsive to their needs and expectations, for as long as is required.
- Providing support to those providing health care which is responsive to their needs and expectations.
- An integrated approach to improving patient safety, in which open disclosure is linked with clinical incident reporting, risk management, complaints management and quality improvement policies and processes.
- Compliance with legal requirements for privacy and confidentiality for the patient and/or their support person(s), and staff delivering health care in accordance with the Information Access, Use and Disclosure Policy - MP0015/16.

### 2.2 Identifying and assessing incidents

Open disclosure formally begins with the recognition that the patient has suffered harm during treatment or care.

**Identifying an adverse event**

Adverse events will be identified in accordance with the requirements of the Clinical Incident Management Policy MP0122/19 and Complaints Management Policy - MP0130/20.

It is important that all incidents are considered, regardless of the mechanism through which they were detected.

**Immediate actions:**

- ensuring personal safety
- providing clinical care and support for the patient and safeguarding against further harm
- providing support for clinicians and other health service staff
- notifying relevant people e.g. the ward manager, the senior treating clinician, the after-hours manager.

**Determination of the severity of harm and the level of response required**

A senior clinician is required to assess the severity of harm resulting from an adverse event in accordance with the Clinical Incident Management Policy MP0122/19 and Complaints Management Policy - MP0130/20 and determine the level of open disclosure required based on the effect, severity, or consequence of the incident.

**Table 1: Criteria for determining the appropriate level response**

| Incident type | Criteria |
|---|---|
| **Lower-level response** | 1. Near misses and no-harm incidents<br>2. No permanent injury<br>3. No increased level of care (e.g. transfer to operating theatre or intensive care unit) required<br>4. No, or minor, psychological, or emotional distress |
| **Higher-level response** | 1. Death or major permanent loss of function<br>2. Permanent or considerable lessening of body function<br>3. Significant escalation of care or major change in clinical management (e.g. surgical intervention, a higher level of care, or transfer to intensive care unit)<br>4. Major psychological or emotional distress<br>5. At the request of the patient. |

## 2.3 Initiation of open disclosure (low-level response)

Refer to Tool 1 – Steps for the initial open disclosure discussion.

When a patient has been involved in a clinical incident, the patient and/or their support person must be informed as soon as possible. The initial open disclosure discussion should occur at a time which meets the needs of the patient and/or their support person(s), generally within 24 hours of the incident.

The initial open disclosure discussion with the patient and/or their support person(s) should be led by a senior medical officer or clinical nurse manager who have at a minimum

completed the 'Open Disclosure: The Initial Discussion (ODDIS EL2)' eLearning package and involves:

- Assessing and preparing for any cultural considerations or special circumstances which may impact on the open disclosure discussion.
- Assessing and preparing for any communication needs, including interpreters, which may impact on the open disclosure discussion.
- Acknowledging and explaining (if the cause is known) the clinical incident and its impact on the patient
- Offering an apology, including using the words "I am sorry" or "we are sorry" – see Tool 2: Saying sorry during open disclosure for further guidance
- Providing an opportunity for the patient and their support person(s) to relate their experiences, concerns, and feelings and to ask questions
- Agreeing on a plan for care which may include ongoing support and further discussions or meetings.

The minimum dataset to be documented in the Integrated Progress Notes following a low-level open disclosure discussion must include:

- Date and time of the open disclosure discussion and the names and relationships of those present for the discussion
- Confirmation that an apology was provided
- Summary of the information provided
- Future steps to be taken (if required) – this may include a request from the patient and/or their support person for a higher-level response.
- Record of reporting of the clinical incident via Datix Clinical Incident Management System (CIMS) including the CIMS reference number.

**ATTENTION**

The open disclosure process may be completed after the low-level response, if there is no indication for a higher-level response and in agreement with the patient and/or their support person(s).

### Open disclosure in specific circumstances

The approach to open disclosure can vary depending on a patient's circumstances. Each situation should be addressed on a case-by-case basis. Advice should be sought from an Open Disclosure Advisor when open disclosure involves:

- Death of a patient as a result of a clinical incident, a known error or suspected suicide
- Children and young people, patients with a mental health condition, patients with cognitive impairment
- Patients with complex care requirements and language and/or cultural diversity
- A breakdown in the relationship between the patient and the provider
- Clinical incidents occurring elsewhere or transfer of the patient to another facility or Health Service Provider
- Delayed detection of a clinical incident
- Issues of clinician accountability or suspected intentional unsafe acts.

**When formal open disclosure may be considered inappropriate:**

- The patient and their support person(s) or nominated contact person decline the offer to meet.
- The patient is incapacitated or has died, and no nominated support person or authorised representative has been identified or is available.
- The nominated support person(s) or next of kin is incapacitated or is unavailable.

## 2.4 Formal open disclosure (high-level response)

Formal open disclosure (high-level response) follows on from the initial open disclosure discussion (low-level response) and may be required for any clinical incident, as determined by the treating clinician, regional Executive member, the patient and/or their support person(s).

Where a Significant Clinical Event Notification (SCEN) has been submitted, plans for formal open disclosure must be documented on the SCEN, in the patient's healthcare record and Datix CIMS.

### Preparing for formal open disclosure

Preparing for formal open disclosure (refer to Tool 3 – Preparation for the formal open disclosure discussion) includes:

- Appointing the open disclosure coordinator
- Forming the open disclosure team
- Identifying a senior staff member experienced in open disclosure who will take responsibility for leading the discussion
- Contacting an Open Disclosure Advisor to provide necessary support to the team throughout the process
- Providing information gathered about the clinical incident during previous discussions with the patient and/or their support person(s) (refer to Tool 4 – Open disclosure team meeting)
- Where appropriate, consulting with your local cultural conduit in planning the open disclosure session. These conduits may include the local liaison officer or health worker.
- Liaising with the patient and/or their support person(s) to arrange:
  - the time and place for the disclosure discussion(s)
  - who should be there during the disclosure discussion(s)
  - any additional support required to participate in the formal open disclosure.

  This should include provision of the Australian Commission on Safety and Quality in Health Care (ACSQHC) 'Preparing and participating in open disclosure discussions' consumer factsheet including contact details of a staff member (the health service contact) who will maintain an ongoing relationship with the patient, their family, and carers
- Assessing whether there are any cultural considerations or special circumstances which may impact on the open disclosure meeting and which require additional preparation, including, where relevant, building an understand of the cultural appropriateness of discussing death to Aboriginal families and their belief systems with death and dying.
- Assessing and preparing for any communication needs, including interpreters which may impact on the open disclosure discussion.

- Preparing information for the patient and/or their support person(s) in an appropriate format.

**Conducting formal open disclosure**

Conducting the formal open disclosure discussion (refer to Tool 5 – Formal open disclosure discussion) with the patient and/or their support person(s) and the open disclosure team involves:

- Ensuring that the patient has access to appropriate levels of support to participate, including cultural
- Using a communication style and resources that is appropriate to the patient
- Confirming acknowledgement of the clinical incident and its impact on the patient and/or their support person(s)
- Reaffirming an apology, including the words "I am sorry" or "we are sorry"
- Providing an opportunity for the patient and/or their support person(s) to relate their experiences, concerns, and feelings, and to ask questions
- Disclosing the findings of any review/investigation that are available at that time and a summary of factors that contributed to the clinical incident, recommended actions, and any limitations on the information that can be provided
- Avoiding speculation, attribution of blame, denial of responsibility or providing conflicting information
- Agreeing on a plan for care which may include ongoing support and further discussions or meeting.

The minimum dataset must be documented in the patient's healthcare record following a high-level open disclosure discussion must include:

- Date and time of the open disclosure discussion and the names and relationships of those present for the discussion
- Acknowledgment of the incident to the patient and/or their support person(s) including if an apology was provided
- The treatment required and ongoing care plan (where relevant)
- Any future health consequences as the result of the incident (where relevant)
- Summary of any queries and/or information provided by the patient and/or their support person(s)
- Any offers of support and the responses received.

## 2.5 Advocacy and support

**Patient, family, and support person(s)**

The Open Disclosure Coordinator will ensure the coordination of:

- The use the ACSQHC 'What to expect if you experience harm during healthcare factsheet' resource prescribed for all WACHS services.
- Information (including contact details) about services provided by social workers, religious representatives and trained patient advocates who can provide emotional support and help patients, their family and carers identify issues of concern, provide information about appropriate community services and support patients meeting with these services.
- Cultural support and services provided by Aboriginal Community Controlled Organisations.

- Any request for reimbursement of out-of-pocket expenses should be escalated to the relevant Regional Executive Director to seek advice from WACHS Medico-Legal prior to a determination being made. All requests for financial compensation should be directed to WACHS Medico-Legal and referred to WACHS' insurer, RiskCover for appropriate assessment and determination. Requests for act of grace or ex gratia payments are to be referred to WACHS Legal.

**Health service staff:**

- For health service staff, Open Disclosure Advisors are available to provide support for colleagues preparing for and participating in open disclosure discussions.
- Health service staff can access the Employee Assistance Program for personal support as required.

## 2.6 Completing the open disclosure process

The open disclosure process concludes with shared agreement between the patient, their family and carers and the healthcare team. In the majority of cases, this will occur after the adverse event incident review or investigation is completed.

Key considerations and actions when completing the higher-level open disclosure response include:

- Providing the patient and/or their support person(s) with final written and verbal communication, including investigation findings in a language and communication style that the patient and/or their support person(s) will understand.
- The provision of a written summary of the open disclosure agreed outcomes is either via the MR30L WACHS Open Disclosure Discussion Record or formal letter structured with the minimum dataset requirements as outlined in Section 2.4 within 48 hours of the formal open disclosure meeting occurring – this should be filed in the 'Other Correspondence' section of the patient healthcare record.
- Providing the patient and/or their support person(s) with contact details and information about ways to be kept informed of the progress of any improvement actions, where appropriate and possible.
- Completing documentation, including noting in the patient's healthcare records that open disclosure has taken place and recording the related Datix CIMS reference.

If a shared agreement for a satisfactory conclusion to the open disclosure process cannot be negotiated, the patient and/or their support person(s) should be offered alternative courses of action including:

- Offer the patient and/or their support person(s) another health service contact with whom they may feel more comfortable. This could be another member of the treating team or personnel responsible for clinical risk.
- Providing the patient with information about how to make a complaint, including contact details for the Health and Disability Services Complaints Office (HaDSCO).

**Monitoring improvements**

Any changes implemented as a result of a review or investigation are monitored by regional Clinical Safety and Quality Committee structures with a high-level overview of the improvements to practice shared at the WACHS Safety and Quality Executive Committee and the WACHS Board Safety and Quality Committee to ensure there is governance oversight to support timely recommendation implementation and evaluation – refer to the WACHS Safety and Quality intranet page for further information.

**Sharing lessons learned and workforce support**

Communication of any review or investigation findings, including recommended changes, with staff is essential to ensuring that recommended changes are fully implemented and monitored. It will also increase awareness of patient safety and the value of open disclosure.

Clinicians who were involved in the incident must continue to be supported to minimise any residual emotional and professional harm. Continued support, including debrief, should be active but approached with sensitivity – see the WACHS Staff Support Post Critical Incident Guideline.

### 2.7 Evaluation of the open disclosure process

The following actions should be considered to support the evaluation of the open disclosure process:

- Patients, family, carers, and other support persons should be given the opportunity to provide feedback on the open disclosure process. The option of a face-to-face interview, where appropriate, and/or WACHS open disclosure evaluation survey should be provided – sensitivity around how this is conducted will be required.
- Staff involved in open disclosure should also provide feedback through the WACHS open disclosure staff evaluation survey where possible.
- Patient and staff feedback should be completed within four weeks of the end of the open disclosure process. However, sensitivity is required depending on the circumstances.

### 2.8 Training requirements

The minimum open disclosure training requirements for clinical staff working in WACHS services is outlined below:

- All clinical staff are recommended to complete the ‘Open Disclosure: Introduction (ODINT EL2)’ eLearning package as a component of induction into WACHS.
- The following clinical roles must complete the ‘Open Disclosure: The Initial Discussion (ODDIS EL2)’ eLearning package as a role-essential training requirement:
  - Registrar
  - Consultant
  - Contracted Medical Practitioner
  - Clinical Nurse Specialist / Clinical Midwife Specialist
  - Clinical Nurse Manager
  - Director of Nursing-Health Service Manager
  - Allied Health Manager.
- Clinical staff nominated as Open Disclosure Advisors must complete the ‘Open Disclosure: Champion (ODCH EL2)’ eLearning package.

## 3. Roles and Responsibilities

The following outlines the WACHS roles and responsibilities to support implementation of the requirements of this policy:

**Director Safety and Quality:**

- Implementing open disclosure across the Health Service Provider, including development of local systems, processes, and procedures for open disclosure.

- Providing leadership, support, and advice on open disclosure.
- Appointing, in conjunction with the Chief Executive, a panel of appropriately trained open disclosure experts or advisors to guide the process.
- Gaining assurance that an open disclosure team is established when formal open disclosure is required.
- Overseeing the availability and completion of education and training in open disclosure for all clinical staff (and other staff as deemed necessary for their role).
- Overseeing and facilitating access to and uptake of staff support services.
- Monitoring and evaluating open disclosure processes and systems.

**Service Managers/Department heads:**

- Actively promoting and supporting open disclosure.
- Ensuring that an open disclosure team is established when formal open disclosure is required.
- Monitoring and evaluating open disclosure processes and systems.
- Ensuring ongoing care is provided to the patient for as long as is required, including where practicable when the patient and/or their support person(s) request a different care provider.
- Participating in open disclosure should the senior clinician be unable to do so.
- Ensuring their staff access and complete education and training in open disclosure.
- Providing support to their staff who participate in open disclosure, both throughout the process and through promoting access to the staff support services.
- Ensuring that the requirement for formal open disclosure is notified to the senior executive staff as per local processes.
- Incorporating the review of open disclosure practices into local clinical review and morbidity and mortality (or similar) meetings.

**Senior clinicians:**

- Ensuring appropriate treatment for the patient has been initiated following a patient safety incident.
- Ensuring ongoing care is provided to the patient for as long as is required.
- Leading and performing the initial open disclosure conversation.
- Participating in formal open disclosure as required.
- Ensuring that a record of the patient safety incident or complaint and the open disclosure conversation is made in the patient's health care record and the incident management system.
- Notifying the requirement for formal open disclosure to executive staff as per local processes.
- Participating in local clinical review and morbidity and mortality meetings where open disclosure is reviewed.

**Open disclosure coordinator:**

- Coordinating and supporting initial and formal open disclosure in a health facility. This person may also have other roles and responsibilities for example, as a patient safety or patient liaison officer.
- Responding quickly upon notification of a patient safety incident, to gain an understanding of the event and the needs of the patient and/or their support person(s) and staff involved.
- Establishing and coordinating the open disclosure team, including the appointment of an open disclosure advisor.

- Coordinating the provision of 'just-in-time' training as required to assist clinicians to prepare for involvement in open disclosure.
- Coordinating the open disclosure process, including ensuring the flow of information between the Health Service and the patient and their support person(s) during and after the investigation process.
- Following-up with the patient and their support person(s) as required.

**Open disclosure advisor:**

- Undertaking advanced training in empathic communications skills and open disclosure processes.
- Undertaking advanced training in the cultural safety and meeting the cultural and communication needs of Aboriginal people, families and communities.
- Supporting the formal open disclosure team throughout formal open disclosure, including planning for, and attending meetings between the clinician involved (or delegated substitute) and their support person(s) and completing defined debriefing processes.
- Mentoring colleagues preparing for and participating in open disclosure.
- Acting as a source of expert advice throughout the open disclosure process

**All clinicians:**

- Completing education about open disclosure.
- Ensuring that the patient is safeguarded from further harm.
- Apologising to a patient and/or their support person following a patient safety incident, without attribution of blame or speculation about the course of events.
- Participating in open disclosure as required.
- Ensuring that a patient safety incident and associated open disclosure has been recorded in the patient's health care record and the incident management system.

# 4. Monitoring and Evaluation

## 4.1 Monitoring

Compliance with the requirements of this policy will be monitored by the WACHS Safety and Quality Executive Committee.

The following measures will be reported at a minimum:

- Proportion of SAC 1 clinical incidents with open disclosure initiated within 48 hours of the incident occurring / of the site becoming aware of the clinical incident
- Proportion of SAC 1 clinical incidents with higher level open disclosure completed and Open Disclosure Discussion Record completed
- Proportion of SAC 2 clinical incidents with open disclosure initiated within 48 hours of the incident occurring / of the site becoming aware of the clinical incident.
- There will be an annual WACHS audit of healthcare record documentation for all SAC 1 clinical incidents and a random sample of SAC 2 and SAC 3 level incidents.
- Staff involved in open disclosure, and patient, family, and carer evaluation surveys providing qualitative assessment of the open disclosure process.

### 4.2 Evaluation

This policy will be reviewed and evaluated as required to ensure relevance and currency by the Director Safety and Quality. At a minimum it will be reviewed within one (1) year after first issue and evaluated at a minimum every five (5) years thereafter.

## 5. Compliance

This policy is a mandatory requirement under the National Safety and Quality Standards Accreditation Policy MP 0134/20.

The health service organisation is mandated to use an open disclosure program that is consistent with the Australian Open Disclosure Framework[1] in accordance with Action 1.12 (National Safety and Quality Health Service (NSQHS) Standards v2.1) and is subject to external review in accordance with the Australian Health Services Safety and Quality Accreditation (AHSSQA) Scheme.

The Regional Medical Directors are responsible for ensuring compliance with the requirements of this policy.

## 6. References

1. Australian Commission on Safety and Quality in Health Care (2013), Australian Open Disclosure Framework. ACSQHC, Sydney
2. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. – version 2. Sydney: ACSQHC; 2021
3. World Health Organization. The International Classification for Patient Safety WHO, 2009.

## 7. Definitions

| Term | Definition |
|---|---|
| **Admission of liability** | A statement by a person that admits, or tends to admit, a person's or organisation's liability in negligence for harm or damage caused to another. |
| **Adverse event** | An incident in which harm resulted to a person receiving health care.[1] |
| **Adverse outcome** | An outcome of an illness or its treatment that has not met the clinician's or the patient's expectation for improvement or cure |
| **Apology** | An expression of sorrow, sympathy and (where applicable) remorse by an individual, group or institution for a harm or grievance. It should include the words 'I am sorry' or 'we are sorry'. Apology may also include an acknowledgment of responsibility, which is not an admission of liability. |
| **Carer** | A person who provides unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness, or general frailty. Carers include parents and guardians caring for children.<br>A person is not a carer if he or she provides this support and assistance under a contract of service or a contract for the provision of services, or while doing voluntary work for a |

| Term | Definition |
|---|---|
| | charitable, welfare or community organisation, or as part of the requirements of a course of education or training. |
| **Error** | Failure to carry out a planned action as intended or application of an incorrect plan through either doing the wrong thing (commission) or failing to do the right thing (omission) at either the planning or execution phase of healthcare intervention.[3] |
| **Ex gratia** | 'Out of good will', usually referring to financial reimbursement or recovery payments. By definition, ex gratia payments are not an admission of liability. |
| **Expression of regret** | An expression of sorrow for a harm or grievance. It should include the words 'I am sorry' or 'we are sorry'. An expression of regret may be preferred over an apology in special circumstances (e.g. when harm is deemed unpreventable). |
| **Harm** | Impairment of structure or function of the body and/or any deleterious effect arising therefrom, including disease, injury, suffering, disability, and death. Harm may be physical, social, or psychological.[3] |
| **High-level response** | A comprehensive open disclosure process usually in response to an incident resulting in death or major permanent loss of function, permanent or considerable lessening of body function, significant escalation of care or major change in clinical management (e.g. admission to hospital, surgical intervention, a higher level of care or transfer to intensive care unit), or major psychological or emotional distress. These criteria should be determined in consultation with patients, their family, and carers – A higher-level response may also be instigated at the request of the patient even if the outcome of the adverse event is not as severe. |
| **Low-level response** | A briefer open disclosure process usually in response to incidents resulting in no permanent injury, requiring no increased level of care (e.g. transfer to operating theatre or intensive care unit), and resulting in no, or minor, psychological, or emotional distress (e.g. near misses and no-harm incidents). |
| **Near miss** | Incidents that may have, but did not cause harm, either by chance or through timely intervention. |
| **Open disclosure** | An open discussion with a patient about an incident(s) that resulted in harm to that patient while they were receiving health care. The elements of open disclosure are an apology or expression of regret (including the word 'sorry'), a factual explanation of what happened, an opportunity for the patient to relate their experience, and an explanation of the steps being taken to manage the event and prevent recurrence. Open disclosure is a discussion and an exchange of information that may take place over several meetings. |
| **Senior medical officer** | For the purposes of this policy statement, a senior medical officer is defined as:<br>• Registrar<br>• Fellow |

| Term | Definition |
|---|---|
| | • Consultant<br>• Contracted Medical Practitioner. |
| **Support person** | An individual who has a relationship with the patient.<br>References to 'support person' in this document can include:<br>• family members / next of kin<br>• carers<br>• friends, a partner or other person who cares for the patient<br>• guardians or substitute decision-makers<br>• social workers or religious representatives<br>• where available, trained patient advocates.<br>References to support person should be read with the words, 'where appropriate'. |

## 8. Document Summary

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|---|---|
| **Coverage** | All WACHS services |
| **Audience** | All clinical staff |
| **Records Management** | Clinical: Health Record Management Policy |
| **Related Legislation** | *Civil Liability Act 2002* (WA) |
| **Related Mandatory Policies / Frameworks** | • Clinical Governance, Safety and Quality Framework<br>• Clinical Incident Management Policy 2019 – MP 0122/19<br>• Complaints Management Policy – MP 0130/20<br>• Information Access, Use and Disclosure Policy – MP 0015/16<br>• Information Management Framework<br>• National Safety and Quality Standards Accreditation Policy – MP 0134/20 |
| **Related WACHS Policy Documents** | • Staff Support Post Critical Incident Guideline |
| **Other Related Documents** | • ACSQHC - Preparing and participating in open disclosure discussions (information for consumers and carers)<br>• ACSQHC - What to expect if you experience harm during healthcare factsheet<br>• WACHS Open Disclosure Tool 1 – Steps for the initial open disclosure discussion<br>• WACHS Open Disclosure Tool 2 – Saying sorry during open disclosure<br>• WACHS Open Disclosure Tool 3 – Preparation for the formal open disclosure discussion<br>• WACHS Open Disclosure Tool 4 – Open disclosure team meeting<br>• WACHS Open Disclosure Tool 5 – Formal open disclosure discussion<br>• WACHS Open Disclosure Tool 6 – Open disclosure flowchart |
| **Related Forms** | • MR30L WACHS Open Disclosure Discussion Record<br>• MR55A WACHS Integrated Progress Notes |
| **Related Training Packages** | eLearning programs via MyLearning LMS:<br>• Open Disclosure: Introduction (ODINT EL2)<br>• Open Disclosure: The Initial Discussion (ODDIS EL2)<br>• Open Disclosure: Champion (ODCH EL2) |
| **Aboriginal Health Impact Statement Declaration (ISD)** | ISD Record ID: 2632 |
| **National Safety and Quality Health Service (NSQHS) Standards** | 1.12 |
| **Aged Care Quality Standards** | Nil |

## 9. Document Control

| Version | Published date | Current from | Summary of changes |
|---|---|---|---|
| 6.00 | 2 Oct 2023 | 2 Oct 2023 | Previously known as Open Disclosure Procedure. |

## 10. Approval

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|---|---|
| **Policy Owner** | Executive Director Clinical Excellence |
| **Co-approver** | Executive Director Medical Services |
| **Contact** | Director Safety and Quality |
| **Business Unit** | Clinical Excellence and Medical Services |
| **EDRMS #** | ED-CO-14-34245 |



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