Australian Multidisciplinary Association for Psychedelic Practitioners
Clinical Governance Policy for Psychedelic Practice

Introduction

"Clinical governance is the system by which the governing body, managers, clinicians and staff share the accountability for the quality of care, continuously improving, minimising risk and fostering an environment of excellence in care for consumers…" Australian Council on Healthcare Standards.

A proactive clinical governance policy identifies risk areas in our practice, proactively finds any unexpected outcomes, mitigates those risks, monitors risks, removes barriers to the reporting of incidents, engages transparently with clients, investigates, makes recommendations, and implements controls to reduce the chance of recurrence. Then the loop is closed by testing for improvement in outcomes.

AMAPP Governance Vision

AMAPP supports and promotes our members to provide safe, high quality, accountable, psychedelic assisted therapy within recognised and evidence-based protocols.

Components of the policy

1. AMAPP members must be explicit and consistent in the need for a culture of clinical excellence and client outcome driven practice.
2. AMAPP members must adopt and promote a no blame culture in their workplace which lessens barriers to reporting errors or adverse outcomes.
3. AMAPP members must adopt a system driven response which recognises the importance of good systems to support good practice and minimise errors.
4. AMAPP members must show added vigilance around areas that have the potential for errors or adverse outcomes. Consent around touch and intimate personal relationships are 2 prime examples.
5. AMAPP members should be familiar with the main root causes of errors and adverse outcomes especially in PAT.
6. AMAPP members must assign a Patient Safety Officer (PSO) or advocate with training in Human Error And Patient Saftey (HEAPS) and Open Disclosure or similar. (This may be an AMAPP employee or volunteer)
7. AMAPP members must carefully select potential clients to ensure they are most likely to benefit from this therapy.
8. AMAPP members must obtain true informed consent as per the AMAPP code of conduct.
9. AMAPP members must be transparent and open about their qualifications, expertise, and experience to their clients.
10. AMAPP members must video or audio record all sessions after obtaining client permission and store securely as per the AMAPP privacy policy.
11. AMAPP members must perform regular audits/case reviews of recorded sessions and outcomes.
12. AMAPP will provide an online portal for sharing de-identified audits for the benefit of all members' teaching.
13. AMAPP members must be familiar with the guidelines for dealing with adverse outcomes or errors.

14. AMAPP members must be familiar with the guidelines for open disclosure following an adverse event.
15. AMAPP can provide guidance and help with this process.
16. AMAPP members invite written feedback from all patients at discharge or after integration.
17. AMAPP members will provide a written handover back to the referring clinician/s.

Guidelines for Adverse Events, Outcomes or Clinical Errors - Open Disclosure

The *Australian Open Disclosure Framework* defines open disclosure as open discussion with the patient, and their family and carer(s) about adverse events that result in harm to the patient while receiving health care. Open disclosure describes the way clinicians communicate with and support patients, and their family and carers, who have experienced harm during health care. Open disclosure is a patient's right, is anchored in professional ethics, considered good clinical practice, and is part of the care continuum.

1. Report to the relevant person within AMAPP or outside authority
2. Input the incident into the AMAPP Adverse Event portal. (as per the future protocol for AMAPP portal)
3. Meet with the client and their nominated support person to discuss the issue
    a) At that meeting there should be the clinician, safety officer, senior clinician, social worker or other support person from the organisation as well as the client and their nominated support person;
4. Issue an apology or expression of regret, which must include the words 'I am sorry' or 'we are sorry';
5. A factual explanation of what happened without speculation or pre-empting an enquiry;
6. Provide an opportunity for the patient and their support person(s) to relate their experience and have it acknowledged;
7. A discussion of the potential consequences of the adverse event(s);
8. Explain the support that will be offered. Ask what more the client may need and offer to provide what is possible under the facilities policies;
9. Explain what the process is from now whether that includes an investigation, changes in policy and procedures, system changes, clinician supervision or sanction;
10. Ask the client what outcome they want from the process;
11. Provide client written information with support services and:
    a) details on how to contact government regulatory agencies;
    b) consumer complaint authorities' information;
    c) healthcare governing bodies complaints numbers;
    d) supply relevant open disclosure documentation from the AMAPP governance website
12. Give the client, and relevant support person(s) a contact number in your organisation for the officer handling the case;
13. Conduct an investigation;
14. Produce a report and wherever possible either send or discuss this report with the client;
15. Make recommendations from report;
16. Implement those recommendations;
17. Follow up on the implementation of recommendations with regular audits.

**Forms available in members section of AMAPP website under clinical governance/open disclosure.*