

## **Australian Open Disclosure Framework**

**Supporting materials and resources**

# **Open disclosure checklist template**

**Adapt this template to suit your local context and setting**

## Open disclosure process checklist

Patient name: _____		<b>Comment or tick if completed</b>
UMRN: _____		
Date of incident / adverse event: _____		
<b>1. Incident detection &amp; notification</b>	<input type="checkbox"/> Prompt clinical care to the patient to prevent further harm	
	<input type="checkbox"/> Adverse event assessed for severity and level of response	
	<input type="checkbox"/> Support for staff provided / offered	
	<input type="checkbox"/> Appropriate personnel and authorities notified	
	<input type="checkbox"/> Patient record updated	
<b>2. Signalling open disclosure</b>	<input type="checkbox"/> Adverse event acknowledged to the patient	
	<input type="checkbox"/> Apology or expression of regret, including saying sorry, provided	
	<b>Lower-level open disclosure responses may conclude at this point and be evaluated.</b>	
	<input type="checkbox"/> Negotiation with the patient on: <ul style="list-style-type: none"> <li><input type="checkbox"/> the formality of open disclosure required</li> <li><input type="checkbox"/> the time and place for open disclosure</li> <li><input type="checkbox"/> who will participate in the open disclosure</li> </ul>	
	<input type="checkbox"/> A health service contact provided to the patient	
	<input type="checkbox"/> Designated patient contact person(s) or appropriate patient support person identified	
	<input type="checkbox"/> Written confirmation provided to the patient	
	<input type="checkbox"/> All relevant documentation filed in the appropriate place	
<b>3. Preparing for open disclosure</b>	<input type="checkbox"/> Interprofessional team prepare for open disclosure	
	<input type="checkbox"/> Open disclosure participants agreed	
	<input type="checkbox"/> Individual identified to lead the open disclosure	
	<input type="checkbox"/> Necessary meeting information gathered	
	<input type="checkbox"/> Patient health service contact identified (if not already done at step 2)	

<b>4. Open disclosure discussion</b>	<input type="checkbox"/> Patient provided with the names and roles of all attendees	
	<input type="checkbox"/> A sincere and unprompted apology or expression of regret is provided	
	<input type="checkbox"/> Adverse event is clearly explained	
	<input type="checkbox"/> Future care is agreed	
	<input type="checkbox"/> Patient is given an opportunity to tell their story, exchange views and observations and ask questions	
	<input type="checkbox"/> Patient is encouraged to describe the personal effects of the adverse event	
	<input type="checkbox"/> Open disclosure plan is agreed, recorded and signed	
	<input type="checkbox"/> Patient is assured that they will be informed of further findings and recommendations for system improvement	
	<input type="checkbox"/> Practical and emotional support are offered to the patient	
	<input type="checkbox"/> Staff members are supported	
	<input type="checkbox"/> Agreement to hold follow-up meeting(s) if required	
	<input type="checkbox"/> Meetings documented and filed and patient record updated	
	<input type="checkbox"/> Documentation provided to patient	
<b>5. Follow-up</b>	<input type="checkbox"/> Senior clinicians or management (where appropriate) involved in follow up discussion	
	<input type="checkbox"/> Future care agreed	
	<input type="checkbox"/> Outcomes of investigations and the resulting practice changes shared with patient	
	<input type="checkbox"/> Patient offered the opportunity to discuss the process with another clinician (e.g. a general practitioner)	
	<input type="checkbox"/> Patient record updated and relevant documentation provided to patient	

<b>6. Completing the process</b>	<input type="checkbox"/> Agreement reached between the patient and the clinician, or alternative course of action provided	
	<input type="checkbox"/> Patient provided with final written and verbal communication, including investigation findings	
	<input type="checkbox"/> Details communicated to the patient's primary care provider	
	<input type="checkbox"/> Evaluation surveys offered to patient (or face to face if more appropriate)	
	<input type="checkbox"/> Staff evaluation surveys completed	
	<input type="checkbox"/> Patient record updated including appending completed checklist	

**Signature:** \_\_\_\_\_  
**Print name:** \_\_\_\_\_  
**Title/position:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

Template only