



AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

Ballarat Health Services

Open disclosure process checklist template

Australian Open Disclosure Framework

Supporting materials and resources

Open disclosure process checklist

Patient name: _____		Comment or tick if completed
UR: _____		
Date of incident / adverse event: _____		
1. Incident detection & notification	<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	
2. Signalling open disclosure	<input type="checkbox"/> Adverse event acknowledged to the patient	
	<input type="checkbox"/> Apology or expression of regret, including saying sorry, provided	
	Lower-level open disclosure responses may conclude at this point and be evaluated.	
	<input type="checkbox"/> Negotiation with the patient on: <ul style="list-style-type: none"> <input type="checkbox"/> the formality of open disclosure required <input type="checkbox"/> the time and place for open disclosure <input type="checkbox"/> who will participate in the open disclosure 	
	<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	
3. Preparing for open disclosure	<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)	

4. Open disclosure discussion	<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	
	5. Follow-up	<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		

6. Completing the process	<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: _____