

Ballarat Health Services

Open disclosure documentation and discussion summary template

Australian Open Disclosure Framework

Supporting materials and resources

Affix patient ID sticker or clearly enter details below

Patient's full name	
UR:	
Date of birth	

Open disclosure discussion - summary *complete this form following each open disclosure discussion with patient, family, carer(s) or other support persons, and file in the appropriate section of the medical record*

Date of incident: _____

Date of discussion: _____

Mode of communication (face-face, telephone, VC): _____

Staff member who led open disclosure discussion

Name: _____

Position: _____

Other staff present (list names and positions)

Name: _____

Position: _____

Name: _____

Position: _____

Name: _____

Position: _____

Name: _____

Position: _____

Name of patient's support persons who attended the meeting

Name: _____

Relationship to patient: _____

Brief factual summary of incident

Summary of all points explained to patient and support persons

Was an **apology** or **expression of regret** offered? (please circle)

If not, why? _____

Summary of support offered to patient and support persons and responses to offers: _____

Health service contact (staff member assigned as point of contact for patient and support persons)

Name: _____

Position: _____

Telephone: _____

Email: _____

Plans for follow-up: _____

Date of next meeting (if arranged): _____

We hereby confirm that this is an accurate reflection of the discussion:

Staff signature: _____ Date: _____

Print name: _____

Patient / support signature: _____ Date: _____

Print name: _____