Open Disclosure Meeting Checklist

Before – During – After Discussion

|  |  |  |  |
| --- | --- | --- | --- |
| **BEFORE** | | | **Notes** |
| *Patient ‘s*  *Full Name* |  | |  |
| *DOB* |  | |  |
| *Clinician* |  | |  |
| *Date of Adverse Event* | |  |  |
| *Description of Adverse Event* | | |  |
| *Outcome of Adverse Event* | | |  |
| *Agreed plan for management of Adverse Event* | | |  |
| *Agreed person to act as patient contact person* | | |  |
| *Date of first meeting*  *with patient* | |  |  |
| *Location of first*  *meeting with patient* | |  |  |
| *Person responsible*  *for note taking* | |  |  |
| *Chairperson for*  *meeting identified* | |  |  |
| *Anticipated patient concerns/queries* | | |  |
| *Meeting agenda agreed and circulated* | | |  |

|  |  |
| --- | --- |
| **Patient** | **Notes** |
| *Additional supports required, if any.* |  |
| *Has the patient consented to sharing information with others such as family member’s/support person?* |  |
| *Does the patient require an interpreter? If yes, provide details of language and arrangements that have been or to be made.* |  |

|  |  |
| --- | --- |
| **DURING MEETING** | **Notes** |
| *Acknowledgement of the adverse event in relation to the patient’s experience.* |  |
| *Apology / expression of regret provided.* |  |
| *Provide factual information regarding the adverse event.* |  |
| *Establish patient’s understanding of adverse event.* |  |
| *Ensure the patient is provided with the opportunity to voice concerns.* |  |
| *Convey empathy and understanding.* |  |
| *Agree the next steps and ongoing care – involve the patient in decisions made.* |  |
| *Provide information on supports available.* |  |
| *Provide reassurance to the patient of the steps being taken to manage the event and to prevent further harm to the patient and to others.* |  |
| *Provide reassurance to the patient that they will be informed when further information is available.* |  |
| *Next meeting date and location.* |  |

|  |  |
| --- | --- |
| **After Meeting** | **Notes** |
| *Circulate minutes of the meeting to all relevant parties for timely verification* |  |
| *Follow through on action points agreed* |  |
| *Continue with the incident review.* |  |
| *Keep the patient included and informed on any progress made – organise further disclosure meetings.* |  |
| *Ensure the patient is provided with a copy of the final report and are offered an opportunity to discuss the report.* |  |
| *Follow through on any recommendations made by incident review team.* |  |
| ***Other Notes*** |  |