

# Open Disclosure meeting planning and preparation tool

July 2016

The Open disclosure meeting planning and preparation tool is designed to assist in planning for the first open disclosure meeting, and provides a guide on the information to source for the meeting.

Any documentation arising is recorded in the Safety Learning System (SLS)– Incident Management Module (Managers section) and any written material is stored in the medical record and copy uploaded into the documents tab of SLS. Preparation notes are not to be stored/ filed in the medical record.

## 1. Background Information

Patient's full name (including title)

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URN and date of birth

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Admission diagnosis and comments about management etc.

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Patient admission date

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Names and relationships of relevant next of kin/family/carers

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Interpreter or other communication assistance required

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Date of incident (triggering the open disclosure process)

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Incident description. *Known facts only from variety of sources*

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Incident outcome. *Known facts only, avoid cause and effect statements*

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Plan for further incident investigation (such as RCA, Coronial process)

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Healthcare providers/clinicians involved in patient care

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continued

## 2. Planning first meeting

Interpreter or other communication assistance required for patient  
*(If so, provide details of language and arrangements that have been made)*

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Has the patient (if able) consented to sharing information with family members/others? *(Give details)*

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Has the insurer been notified if relevant? *(Include date of notification)*

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Date/location of first meeting

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Patient/consumer/family/carer and/or support person understanding of the incident prior to the first meeting

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Person to be responsible for note taking

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Who will be the health service contact for the patient/family/carers?

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### 3. Planning the disclosure dialogue

Nominated individual to lead the discussion (if level 1) this must be either senior treating clinician or trained Open Disclosure Facilitator

Expected patient concerns/anticipated level of emotional response

Expression of regret *Avoid speculation/apportioning blame/criticism*

Description of what happened in plain English  
*Known facts only, avoid blaming individuals and self*

Listening to patient/consumer/family/carer/support person concerns (ensure they feel listened to)

Discussion of what will happen next (such as treatment, investigations)

Information to be provided about short/long-term effects

Information on out-of-pocket expenses and costs of ongoing care prepared with relevant parties  
*(eg indemnity insurer (AODF 4.3))*

Assurance for patient/consumer/family/carer/support person that they will be informed when further information comes to hand

Information about further support available to the patient/consumer/family/carer/support person

Information provided in relation on how to take the matter further at any time  
*(such as complaint process. Avoid discussion about compensation without insurer consent, do not give legal advice but suggest patient seeks legal advice if information about compensation sought.)*

Next meeting date and location

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**4. First meeting outcomes**

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Actual date and location of meeting

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Names of all present at first meeting *Include titles/position/relationship to patient etc.*

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Concerns expressed by patient/family/carer/support person including requests for further information to be supplied

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Further support personnel identified (*such as pastoral worker or social worker*)

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Responsibility for documentation of the meeting in Safety Learning System (SLS) with a written summary offered to the patient/consumer

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Name(s) of personnel given to patient/consumer/family/carer/support person if they have further questions prior to subsequent meetings

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**5. Outcomes of subsequent meetings (if required)**

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Date and location of meeting(s)

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Names of all present *Include titles/position/relationship to patient etc.*

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Concerns expressed by patient/consumer/family/carer/support person

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Further support personnel identified

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Responsibility for documentation in the medical record/update Safety Learning System (SLS)

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Responsibility for providing documentation to the patient/consumer/family/carer/support person

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Name(s) of personnel given to patient/consumer/family/carer/support person if they have further questions prior to subsequent meetings

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## 6. Conclusion and evaluation

Complete documentation

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Open disclosure survey forms provided to clinical staff

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Feedback sought from patient/consumer

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Open disclosure process evaluated

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Australian Commission on Safety and Quality in Health Care (2013) *Open disclosure meeting planning and preparation template ACSQHC, Sydney.*

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## For more information

**SA Health**  
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