**Open Disclosure: Checklist for the Designated Person**

**(Key Contact Person)**

|  |  |
| --- | --- |
| **Prior to the meeting** | **Complete Y/N** |
| * Make initial contact with the patient / relevant person to: * Make introduction, outline your role and provide contact details |  |
| * Provide details of what to expect at the meeting – give Patient Information Leaflet * Check their willingness and availability to attend the meeting * Agree date, time and venue for the meeting * Consider special requirements e.g. disabled access, interpreter, preferred location for the meeting |  |
| * Establish questions/clarifications/concerns to be addressed at the meeting |  |
| * Provide them with accurate information to help manage their expectations |  |
| * Encourage them to identify a support person/advocate to attend the meeting with them – provide assistance if required |  |
| * Provide information on transport to the venue, car park arrangements and agreed meeting point on the day |  |
| * Meet with the Disclosure Team to update them on the arrangements confirmed and any expectations/questions/concerns that the patient/relevant person have identified |  |
| **On the meeting day** | **Complete Y/N** |
| * Meet and greet the patient/relevant person and their support person as agreed. Accompany them to the meeting room. |  |
| * Introduce attendees at the meeting |  |
| * Offer refreshments, provide direction to rest rooms and ensure their comfort |  |
| * Provide on-going support throughout the meeting e.g. ensure that any areas of concern they have highlighted are addressed and support them with any questions they may have |  |
| **At the end of the meeting** | **Complete Y/N** |
| * Check with the patient/relevant person how they are feeling following the meeting |  |
| * Ensure they are aware of actions to be followed up and proposed time scales |  |
| * Provide any information leaflets such as Bereavement support or other support services |  |
| * Confirm contact details of designated person |  |
| * Accompany them to the exit of the building |  |
| * Advise the other members of the Open Disclosure Team of any initial feedback received |  |
| * Reflect on the meeting outcome with the Open Disclosure Team and provide input, as appropriate |  |
| **Following the meeting** | **Complete Y/N** |
| * Conduct a follow up call to the patient/relevant person to establish their experience of the open disclosure meeting using the Patient Experience Questionnaire below. |  |
| * Continue to maintain the communication process between the service and the patient/relevant person. Manage requests for additional information/clarification of information provided. |  |
| * Ensure that the patient/relevant person receive the minutes of the meeting |  |
| * Ensure that any actions and support offered is followed through |  |
| * If a further meeting is requested or required arrange this following the above process |  |
| * Provide any feedback provided by the patient/relevant person or family to the Open Disclosure Team |  |

**Disclaimer:** Please note this is a general guidance checklist to help the designated person to support the patient/relevant person in preparing for attending an open disclosure meeting. Each case must be assessed on an individual basis and managed in accordance with the specific needs of the patient/relevant person affected. This checklist does not form part of the clinical record.

**Measuring the Experience of the Patient / Relevant Person at an Open Disclosure meeting as per the HSE Open Disclosure Policy**

**Date of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This questionnaire reflects the experience of**

* The Patient
* The Relevant Person

**PLEASE INDICATE THE RELEVANT RESPONSE TO THE FOLLOWING STATEMENTS:**

**Q1. I was treated with dignity and respect during the open disclosure meeting**

* Yes, completely
* Yes, to some extent
* No

**Q2. I feel that I was listened to and heard during the meeting**

* Yes, completely
* Yes, to some extent
* No

**Q3. The health service staff said they were sorry for what had happened**

* Yes, completely. I received a sincere and meaningful apology
* Yes, to some extent, they said they were sorry but I did not think it was sincere
* No. They did not say that they were sorry for what happened

**Q4. I was provided with an opportunity to ask questions about what happened**

* Yes, completely
* Yes, to some extent
* No

**Q5. I have further questions.**

* Yes
* No

If yes, provide further details here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Patient Experience Questionnaire Reference No: NATOD-PD-002-01*