

# Statutory Duty of Candour Workbook

MARYVALE PRIVATE HOSPITAL | v1 December 2022



Patient UR:		
Patient surname:	(Affix patient UR label here)	
Patient given name:		
Patient DOB:	Gender:	

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# Statutory Duty of Candour (SDC) - Checklist for SDC process

For the purposes of this checklist, it is important to note that the term 'patient', in circumstances where the patient lacks capacity or has died, includes the patient's immediate family, carer, next of kin (NOK), or a person nominated by the patient.<sup>1</sup>

Date of SAPSE: Click or tap to enter a date.

Steps		Comments	
Immediate actions post SAPSE			
	Meet immediate care needs of patient to prevent further harm		
	Protect other patients, staff and members of public from immediate harm		
	Alert manager/leadership/appropriate personnel		
	Documentation of SAPSE within incident management system (see documentation and reporting section)		
	Gather existing facts and update patient's medical record		
	Ensure appropriate supports are provided to staff involved		
Apologise and provide initial information (no longer than 24 hours of the SAPSE)			
The hea	alth service entity MUST:		
	Offer a genuine apology to the patient ('I am/We are sorry')		
	Provide factual information that is known at the time about the event		
	Offer written patient information on the adverse event review process (e.g. information flyer, such as Next steps flyer)		
	Provide details of key contacts to liaise with, including where relevant, an Aboriginal Hospital Liaison Officer (AHLO)		
The health service entity MAY:			
	Confirm the patient knows how to access their health records if necessary		
	Confirm any specific needs of the patient, including cultural or linguistic requirements		
	Confirm how the patient would like to be communicated with		
	Attempt to answer any questions the patient may have		
	Outline how the patient can raise concerns outside of the SDC process (e.g. Health Complaints Commissioner)		
	Where harm resulted in death, advise NOK/other there may be additional processes involving third parties (e.g. coronial inquest/investigation) and these processes may incur lengthy timelines		

<sup>&</sup>lt;sup>1</sup> Section 128ZB of the Health Services Act 1988.



Patient UR:		
Patient surname:	(Affix patient UR label here)	
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Steps		Comments
	Ensure patient is aware that legal process is separate from the SDC	
Organi	se the SDC meeting (within 3 business days of the SAPSE)	-
	Where the patient does not want to be involved in the SDC process, ensure they have signed a declaration to opt out. Also provide an avenue if they decide to commence the SDC process in future (see documentation and reporting section)	
	Acknowledge any circumstances requiring a delay, as per <i>Victorian Duty</i> of Candour Guidelines	
	Confirm meeting date and time with patient	
	Decide on format of meeting (e.g. face to face, phone, video)	
	Confirm who will attend the meeting, including staff and support persons	
	Explain details of the meeting, including that they will have the opportunity to relate their experience. Suggest the patient write down any questions they may have prior to the meeting	
	Provide contact details to patient for the health service representative who will be the single point of contact for questions/follow up	
SDC te	am pre-meeting	
	Complete an internal planning discussion, including who will be present and who will lead the SDC meeting	
	Confirm who will take notes in the SDC meeting	
	Collect all available information regarding the SAPSE and confirm the facts. Seek any input from relevant staff	
	Review the 'Victorian Duty of Candour Framework' for further patient considerations	
	Seek advice from LRH AHLO for any events involving Aboriginal and Torres Strait Islander patients	
	Anticipate emotions and ensure support is available for all involved – including health service entity staff	
	Ensure the patient understands the meeting agenda	
	Offer patient support, which may include travel or parking costs	
Hold th	ne SDC meeting (within 10 business days of the SAPSE)	
	Ensure there is one staff member in the meeting who is suitably qualified in open disclosure or the SDC process, and also a senior member of the clinical team that was involved (e.g. doctor or nurse)	
	Ensure the patient feels supported, and the meeting is held in a comfortable environment	
	SDC meeting lead to:	



Patient UR:		
Patient surname:	(Affix patient UR label here)	
Patient given name: _		
Patient DOB:	Gender:	

Steps		Comments
	Introduce all participants	
	Provide an overview of the meeting	
	Provide an honest, factual explanation of what occurred – using language and terminology that is understood (avoiding speculation and blame)	
	Offer an apology for the harm suffered by the patient	
	Give the patient an opportunity to relate their experience and ask questions	
	Explain the steps being taken to investigate the serious adverse patient safety event (Timeline as per <i>Victorian Duty of Candour Guidelines</i> )	
	Outline any immediate improvements already made	
	Discuss potential implications as a result of the SAPSE (if known)	
	Review what was discussed in the SDC meeting to confirm agreement between all parties	
	Ensure the patient has a point of contact for questions/follow up	
	Provide further emotional support to patient if required	
	Provide opportunities for further meetings/confirm agreed next steps	
	Provide the 'SDC initial meeting note' summarising the discussion immediately post the meeting (see documentation and reporting section)	
	Ensure the patient is aware the full SDC meeting report will be provided within 10 business days of the SDC meeting (see documentation and reporting section)	

#### **Documentation and reporting**

Steps	Comments
Input SAPSE into clinical incident management system as soon as practicable, or within 24 hours of the SAPSE	
Update patient's medical record as necessary	
Report/escalate to senior clinicians or management as per clinical governance model	
Where the patient does not want to be involved in the SDC process, ensure they have signed a declaration to opt out. Also provide an avenue if they decide to commence the SDC process in future	
Provide a 'SDC initial meeting note' summarising the meeting to the patient and file a copy in the appropriate location	
Ensure documentation of SDC meeting report in appropriate location:  • date, time, mode of communication	



Patient UR:	
Patient surname:	(Affix patient UR label here)
Patient given name:	
Patient DOB:	Gender:
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attendee list, staff and invited participants
description of the SAPSE
written apology
the patient's experience, questions raised and the answers given
<ul> <li>steps being taken to review the SAPSE including key timelines, and any immediate improvements</li> </ul>
summary of support and follow up plan
identified point of contact for ongoing follow up
Provide SDC meeting report to patient within <b>10 business days</b> of the SDC meeting
Complete an honest and factual review for the SAPSE and produce a report outlining what happened and any areas identified for improvement
The review report must be offered to the patient within <b>50 business days</b> of the SAPSE being identified. If it is a multi-agency review, this may be extended to <b>75 business days</b> of the SAPSE being identified
Ensure that there is a record of the SDC being completed, including clear dates of when the SAPSE occurred and when each stage of the SDC was completed
File a copy of this completed checklist in the appropriate location
Report compliance with the SDC as legally required
Complete internal auditing requirements as necessary on completion of the SDC within your health service entity
<u>'</u>

Stan signature:	
Print name:	
Role:	

Date:



Patient UR:	
Patient surname:	(Affix patient UR label here)
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# Statutory Duty of Candour (SDC) - Initial meeting 'note' template

Completed in accordance with 'Checklist for SDC process'. Ensure language and terminology used is understood by participants. Avoid speculation and blame and give the patient, next of kin (NOK), carer a chance to relate their experience and ask questions. Ensure the patient, NOK, carer receive a copy of this meeting note **immediately post the meeting**. File a copy of this meeting note in the appropriate location.

Meeting details	3		
Date	Time	Mode of communication (e.g. facincluding location, telephone, vide	
Click or tap to enter	a date.		
Attendees			
Staff	Role	Invited participants (patient a	nd support)
Lead:			
Checklist			Complete
Ensure the patie	nt feels supported, and the meet	ing is held in a comfortable environment	
Lead of SDC me	eting to introduce all participants	<b>S</b>	
Provide an overv	Provide an overview of meeting		
Provide an hone	Provide an honest, factual explanation of what occurred		
Offer an apology	Offer an apology for the harm suffered by the patient		
Give the patient/NOK/carer an opportunity to relate their experience and ask questions			
	Explain the steps being taken to investigate the serious adverse patient safety event (Timeline as per <i>Victorian Duty of Candour Guidelines</i> )		
Outline any imme	Outline any immediate improvements already made		
Discuss potentia	Discuss potential implications as a result of the SAPSE (if known)		
Review what was	s discussed in the SDC meeting	to confirm agreement between all parties	
Ensure the patie	nt/NOK/carer has a point of cont	act for questions/follow up	
Provide further e	Provide further emotional support to patient/NOK/carer if required		
Provide opportur	Provide opportunities for further meetings/confirm agreed next steps		

	Patient UR:		<b>I</b>
	Patient surname:	(Affix patient UR label here)	
	Patient given name: _		
maryvale private	Patient DOB:	Gender:	
Provide a copy of this 'note' to the patient/NOK  Ensure the patient/NOK/carer is aware the full statements.			
business days of the SDC meeting	SDC meeting report w	•	
Point of contact			
Name and position:			
Contact number:			
Email:			
Questions and other comments for noting Inform participants that SDC meeting report will	<del>-</del>	0 business days of meeting	1.
(Insert text)	i so provided within	o baomood aayo or mooning	j.
Staff signature:	Participant s	ignature:	
Print name:	Print name:		
Role:	Patient/other	:	
Date:	Date:		



Patient UR:	
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## Statutory Duty of Candour (SDC) - Meeting report template

Requirement 4: The health service entity must ensure that it provides the following in the SDC meeting:

- an honest, factual explanation of what occurred in language that is understandable to the patient;
- an apology for the harm suffered by the patient;
- an opportunity for the patient to relate their experience and ask questions:
- an explanation of the steps that will be taken to review the serious adverse patient safety event (SAPSE) and outline any immediate improvements already made; and
- any implications as a result of the SAPSE (if known) and any follow up for the patient.

**Requirement 5:** The health service entity must document the SDC meeting and provide a copy of the meeting report to the patient within **10 business days** of the SDC meeting.

Consider offering the meeting report in a language understandable to the patient. If the report requires translation, inform the patient that this may require more time and document any delay in the appropriate location. A copy of the SDC report must be stored in an appropriate location.

Time	<b>Mode of communication</b> (e.g. face to face including location, telephone, video)
Role	Invited participants (patient and support)



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Meeting notes
A description of the SAPSE including date of the event, potential short/long term consequences or implications, and written apology for the harm suffered:
Patient/next of kin experience, including questions and health service entity responses:
Steps being taken to review the SAPSE. Include relevant timelines, and any immediate improvements made:
Summary of support and follow up for the patient, including the response to these offers:
Date for next update by health service entity (if arranged): Click or tap to enter a date.
Staff signature: Print name:
Role:
Date: