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

This checklist may be used as a guide to complete the requirements of the SDC when a patient has suffered a serious adverse patient safety event (SAPSE) in a relevant Victorian health service entity.

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.[[1]](#footnote-2)

**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 line manager/leadership/appropriate personnel  |  |
|[ ]  Documentation of SAPSE within clinical 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 health 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](https://www.safercare.vic.gov.au/sites/default/files/2022-06/Safer%20Care%20Victoria-Next%20steps.pdf)) |  |
|[ ]  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 |  |
| [ ]  | Ensure patient is aware that legal process is separate from the SDC  |  |
| Organise 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 *Victorian Duty 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 team 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 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 the 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: 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 *Victorian Duty of Candour Guidelines*) |  |
| [ ]  | 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**

|  |  |  |
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|  | 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
* attendee list, staff and invited participants
* description of the SAPSE
* written apology
* the patient’s experience, questions raised and the answers given
* steps being taken to review the SAPSE including key timelines, and any immediate improvements
* summary of support and follow up plan
* identified point of contact for ongoing follow up
 |  |
| [ ]  | Provide SDC meeting report to patient within **10 business days** 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 **50 business days** of the SAPSE being identified. If it is a multi-agency review, this may be extended to **75 business days** 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 |  |

**Staff signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Section 128ZB of the *Health Services Act 1988*. [↑](#footnote-ref-2)