**MANAGEMENT OF OPEN DISCLOSURE BY TELEPHONE**

Open Disclosure will be undertaken ideally in a face to face meeting with the patient and/or their relevant person according to HSE Policy. In some exceptional circumstances such as when face to face meeting is not feasible or if requested by the patient /relevant person, the open disclosure meeting may be conducted by telephone. This must be done in a professional and supportive way, in accordance with the requirements of the HSE Open Disclosure Policy and taking into consideration the situation/personal circumstances of the person receiving this information at home.

**Before the Telephone Call**

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| 1. **Identify the most appropriate person to conduct the call** | This should be a person who has all the relevant facts and can answer any questions the patient/relevant person may have, e.g. Consultant or Senior Manager. |
| 1. **The Designated Person (Key Contact Person)** | The designated person will, if time allows, contact the patient/relevant person in advance to arrange the meeting, agree a suitable date/time with them and encourage them to have someone with them for support during the call. Also the designated person will check if they have any particular worries or questions prior to the call. Please click [here](https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/opendisclosure/resourcesforcliniciansandorganisations.html) to access reference guide on the Role of the Designated Person. |
| 1. **Prepare well** | Prepare as if you were preparing for a formal face to face meeting. Refer to the open disclosure meeting checklists [here](https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/opendisclosure/resourcesforcliniciansandorganisations.html). |
| 1. **Be clear about what you want to achieve** | Have all of your information/records ready. Consider what you are going to say and how you will say it. This will include the wording of an apology / expression of regret. Consider questions that may arise and how you will respond. |
| 1. **Remember that there are no visual cues during telephone calls** | When you communicate, three aspects of communication are important and vary in the impact they have on the people you interact with – verbal communication (words), para-linguistics (tone) and non-verbal communication (body language). During telephone communications the emphasis will be on tone and words as the other person will have no idea if you are nodding, shaking your head, smiling etc. They have no visual cues, so you need to communicate everything verbally. Think about the words you use and your tone of voice and ensure that it matches the message that you are delivering. It is important to convey empathy and compassion. |
| 1. **Location** | The person making the call should do so from a private, quiet place where they will not be disturbed. They may have a colleague with them for support. |
| 1. **Don't be tempted to do other things at the same time.** | Give the patient/relevant person your full attention. If you don’t, it can come across as disrespectful. They could think that you are not interested or that you don’t think the conversation is important enough to give it your full attention. |

**During the Telephone Call**

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| 1. **Introduction** | Introduce yourself and your role. Check that you are speaking to the correct person by asking their name, address and date of birth, if appropriate. In the case of communicating with a relevant person ensure that patient’s consent has been provided and is respected.  Check that they are in a position to speak and if they have someone with them. Let them know if you have someone with you, who they are and what their role is. |
| 1. **Acknowledge** | Acknowledge what has happened and the impact on the patient/relevant person.  Speak slowly – speaking quickly may lead to misunderstanding. Try to be clear. Long sentences don’t always show fluency -sometimes they just result in the other person losing concentration or having no idea of the actual point. Try to present information in a structured way. Provide small chunks of information at a time and ensure understanding before moving on. |
| 1. **Sorry** | Provide a sincere and meaningful apology for what has happened and for the impact. In the case of a death express condolences for their loss. |
| 1. **Story** | Listen carefully to the patient’s/relevant person’s perspective without interruption to check their understanding of what has happened and how it has impacted them. Provide feedback on your understanding of what they have said and seek further clarification if necessary. |
| 1. **Inquire** | Encourage questions, answer honestly and provide clarification as necessary, in consideration of the facts known at the time. Provide reassurance that further information will be provided when available. |
| 1. **Solutions** | Discuss and agree the plan of care and next steps, taking into consideration any requests or suggestions made by the patient/relevant person and ensuring their understanding. |
| 1. **Travel** | Agree a communication plan and follow up call by the designated person (provide name and contact details). Offer a face to face meeting at a later date, if required. Provide information on relevant support services. |

**After the Call**

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| 1. **Documentation** | Record the salient points of the discussion in the clinical/care record and on NIMS.  Send the minutes of the meeting to the patient/relevant person. |
| 1. **Reflection** | Take time to reflect on the call and the impact this has had as some calls can be very difficult. Discuss the call with a colleague and reflect on your reaction. Access staff support services as required. |
| 1. **Follow up** | Arrange for actions to be followed up including follow up meeting. |

**Adapted from “10 tips for effective communication on the telephone” by Kirsty** <https://englishwithkirsty.com/2015/04/20/10-tips-for-effective-communication-on-the-telepho>ne

**Useful Links to Support Management with Open Disclosure by Telephone**

* National Healthcare Communications Programme – Responding to Strong Emotions: Click [here](https://www.hse.ie/eng/about/our-health-service/healthcare-communication/nhcp-responding-to-strong-emotions.pdf)
* National Healthcare Communications Programme – Telephone Conversations: Click [here](https://www.hse.ie/eng/about/our-health-service/healthcare-communication/nhcp-telephone-conversations.pdf)
* National Healthcare Communications Programme – Disclosing Errors: Click [here](https://www.hse.ie/eng/about/our-health-service/healthcare-communication/nhcp-disclosing-errors.pdf)
* Introducing After Action Review within Services: Click [here](https://www.lenus.ie/bitstream/handle/10147/626836/introducing-after-action-review-within-services.pdf?sequence=1&isAllowed=y)
* Delivering news of death by telephone (NHS Scotland): Click [here](http://www.sad.scot.nhs.uk/media/16240/delivering-news-of-a-death-by-telephone.pdf)
* Discussing Dying (NHS Scotland): Click [here](http://www.sad.scot.nhs.uk/media/16285/nesd0982-discussing-dying-a5-final-web.pdf)