



Coronavirus  
**COVID-19**  
Public Health  
Advice

## Open Disclosure

# Maintaining the Principles of Open Disclosure during the Coronavirus Pandemic and Covid-19 Restrictions

A Practical Guide for staff



Champion  
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**Healthcare Worker Helpline: 1850 420 420**



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V1.0



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## Reader Information

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**Access:** [www.hse.ie/opensdisclosure](http://www.hse.ie/opensdisclosure)

### Version control

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### Further Information:

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## **Introduction:**

The ethos of the HSE Open Disclosure policy is to ensure that the rights of all patients to be communicated with in an open honest, timely, compassionate and empathic manner are met when things go wrong, for whatever reason, during their health care journey and that this communication process is managed in a manner that is dignified and respectful.

During these current, challenging times of the coronavirus pandemic it is important that the principles of openness and transparency are maintained in relation to not only the management of and response to all patient safety incidents but also in relation to those affected by the coronavirus. Open disclosure must be conducted as per the principles and provisions of the HSE Open Disclosure Policy, as far as it is reasonably practicable to do so.

## **Communication challenges:**

The current situation in relation to the coronavirus pandemic and the restrictions imposed by Government in response to the pandemic presents major communication challenges for staff in relation to communication generally and conducting open disclosure meetings. Whereas face to face meetings are the preferred option when conducting formal open disclosure meetings, these may not be possible now due to restricted movement, visiting restrictions and the risks of exposure to Covid-19 for staff, in-patients and visitors.

In addition, personal distancing and the requirement for staff to wear Personal Protective Equipment (PPE) creates further communication challenges causing patients and their families to struggle to hear what is being said and to see who they are talking to. Staff are concerned that their humanity may be hidden behind the PPE and their inability to provide physical comfort such as holding a patient's hand. Conversations may be shortened. Patients, their families and staff are all living with the fear of getting Covid-19, the consequences of the illness and dealing with the associated physical and psychological impact. Many patients will have Covid-19. Physical contact is reduced to only necessary contact. In-patients/residents may not be able to have the support of a loved one present for open disclosure discussions. Patients who are ill and vulnerable may be limited to talking to their loved ones only by telephone with no physical contact. Patients are experiencing the loneliness of illness and isolation. Their families are living with anxiety and fear for their loved ones and distress due to not being able to be with them.

Families want to be contacted by the service, they want their messages passed on to their loved ones, they want to know that their loved ones are being cared for and supported, they want to be able to speak to their loved ones every day – they want to be able to see their loved ones even if it is by video call - those few minutes can make such a difference for the patient and their family. The role of the patient liaison service or advocacy service is so important in these circumstances to assist in maintaining communication and human connection between patients and their loved ones.

Every effort must be made during this coronavirus pandemic to engage in meaningful open disclosure with patients and their families in a timely manner. Meetings with residents or in-patients will be conducted using the appropriate level of PPE.

An alternative method of communication must be discussed and agreed with the patient/relevant person when it is not safe to conduct a face-to-face meeting. The Infection Prevention and Control team will be able to advise managers in relation to same. The role of the designated person (key contact person) will be critical here in relation to liaising with the patient/relevant person and establishing their preferred option for communication, in addition to supporting them in preparing for and managing the meeting.

- Communication options may include telephone call, skype for business call, zoom, Microsoft teams, Face Time etc, depending on what the patient/relevant person can access and which is easier for them to manage.
- It is important that these calls are managed over a secure network. Contact your IT department for advice and assistance, if necessary.
- The date and time of the call will be discussed and agreed with all parties involved in the meeting, facilitating the patient/relevant person where possible.
- The information provided during the call will be managed in line with the provisions of the open disclosure policy (section 3.11, page 16 of the HSE Open Disclosure Policy 2019).
- A summary of what is discussed during the call, the apology provided and actions agreed must be documented, kept on record and sent to the patient/relevant person after the meeting.

## Points to consider when managing open disclosure discussions via telephone

Table 1

<p><b>1. Prepare well for the call.</b></p>	<p>Prepare as if you were preparing for a formal face-to-face meeting.</p>
<p><b>2. Be clear about what you want to achieve.</b></p>	<p>Have all of your information/records ready. Use the HSE open disclosure checklist to assist in preparing for and managing the meeting – available <a href="#">here</a></p>
<p><b>3. Acknowledgement.</b></p>	<p>Acknowledge the situation and explain why a face-to-face meeting cannot be facilitated during the current Covid-19 situation. Express regret in relation to same. E.g. <i>“Thank you for agreeing to take this call today. I am very sorry to be unable to meet with you face-to-face at this time – to do so would present too many risks due to the current situation with Covid-19. I hope we can meet at a later date”</i></p>
<p><b>4. Remember that there are no visual cues during telephone calls.</b> **</p>	<p>When you communicate, three aspects 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.</p>
<p><b>5. Make sure you listen carefully.</b></p>	<p>Actively listen to what the patient is saying, avoid interrupting and clarify as necessary. Use paraphrasing to demonstrate listening.</p>
<p><b>6. Speak clearly and be succinct.</b></p>	<p>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</p>

	ensure understanding before moving on.
<b>7. If you don't understand something, ask.</b>	It is better to ask for clarification than to guess what the other person meant or to be unsure about what they think or are going to do.
<b>8. Don't be tempted to do other things at the same time.</b>	Give the other person your full attention. If you don't, it can come across as disrespectful and they could think that you are not interested in them, or that you don't think the conversation is important enough to give it your full attention. Ensure a quiet environment with no interruptions if possible.
<b>9. Encourage questions.</b>	Provide an opportunity for the patient/relevant person to ask questions. Answer honestly and factually.
<b>10. Summarise the conversation.</b>	Summarise what has been discussed, agreed actions and next steps at the end of the call. Provide any further clarifications.
<b>11. Provide contact details for designated person(key contact person).</b>	Provide the name and a direct line telephone number for the person assigned as the designated person for the patient (if not already provided).
<b>12. Arrange and agree a follow up call.</b>	Agree a date and time for a follow up call from the designated person (Ideally within 24 hours of the open disclosure call or as soon as possible).
<b>13. Offer a face to face meeting at a later stage when it is safe to do so.</b>	Offer the patient/relevant person a face-to-face meeting at a later stage when it is safe to do so. This can be organised via the designated person.
<b>14. Documentation</b>	Record the salient points of the discussion in the clinical record and send the minutes of the meeting to the patient/relevant person.

**Adapted from “10 tips for effective communication on the telephone” by Kirsty**

\*\*Communication methods that facilitate visualising the meeting participants e.g. zoom, skype for business, Microsoft teams, Face Time should be considered. Video can bring more context and meaning to a meeting while improving personal interactions.

Maintaining communication: It is critical that communication is maintained throughout the incident review and management process and that any delays being experienced during this process, due to the current Covid-19 situation or for whatever reason, are communicated to the patient/relevant person and that a sincere apology is provided. The patient liaison service, if available, may also be able to assist during this process.

### **Managing Formal Open Disclosure Meetings during the Coronavirus Pandemic**

Face-to-face meetings must only be facilitated when it is safe to do so. When a face-to-face open disclosure meeting is deemed necessary (e.g. due to the level of harm which the patient has experienced), this meeting must be conducted in a safe environment away from Covid-19 wards or units and the appropriate level of personal protective equipment (PPE) must be made available and used by all participants in the meeting.

A risk assessment must be undertaken to ensure that:

- (i) the appropriate space is allocated for the meeting to meet physical distancing requirements,
- (ii) the appropriate level of PPE is available and provided with instructions on how to use it,
- (iii) attendees are not in a vulnerable group,
- (iv) good hand hygiene and cough etiquette are promoted and facilitated, and
- (v) potential risks are acknowledged.

The Infection Prevention and Control Department can assist staff with the above to ensure that all infection prevention and control measures are being taken to protect the patient, their relevant person(s) and staff.

Refer to the HSE Health Surveillance and Protection Centre (HPSC) website for further information on PPE and public health advice in relation to Covid-19 [here](#).

The patient and/or their relevant person must be contacted prior to the meeting by the designated person and advised of the need to wear PPE which will be made available to them. They will be advised on a meet and greet area to arrange PPE and to be escorted to the meeting room. It is important to be cognisant of the fact that when PPE is worn by all attendees it can lead to difficulties in verbal communications and affect the quality of interpersonal relationships and interactions between staff, patients and family members. It is helpful to acknowledge this and to



concentrate on using appropriate words and tone of voice, good eye to eye contact, speaking slowly and clearly, providing information in small chunks, establishing understanding throughout the communication process and demonstrating empathy and compassion. The number of staff and family members attending these meetings must be kept to a minimum. The information provided at the meeting will be managed in line with the provisions of the HSE open disclosure policy (section 3.11, page 16 of the HSE Open Disclosure Policy 2019). Visual aids may be used to assist the communication process e.g. communication flashcards. A follow up call by the designated person after the meeting should be offered and a date and time agreed. The purpose of this call is to establish their experience of the meeting and any outstanding questions/clarifications. The minutes of the meeting will be sent to the patient/relevant person after the meeting.

Remember: Patients and their families want to be told the truth, the facts available in relation to what happened and why, they want to be listened to and heard, they want to experience kindness, empathy and compassion, they want their questions answered, they want to be reassured about their care, treatment and learning and they want a sincere apology when things go wrong.

### **Openness and Transparency in relation to Covid-19:**

It is critical that the principles of openness, transparency, empathy and compassion are applied when communicating with all those affected by Covid-19 to include those identified as suspected Covid-19, those confirmed as positive for Covid-19 and those who have been identified as contacts of positive cases.

Communicating effectively with persons affected in a compassionate, empathic and thoughtful manner, is a crucial part of the therapeutic relationship and when done well can mitigate anxiety and enhance trust in the staff, the organisation and the health care system. It is important to consider the physical and psychological toll which Covid-19 brings to all those affected and the impact of self-isolation and quarantine.

The HSE is committed to communicating in an open, honest and factual manner with all those affected by Covid-19. This involves providing factual information in relation to:

- Diagnosis, care and treatment
- Risks
- Source of infection (if known)\*\*
- Contributory factors

- Up to date Public Health Information and advice

**\*\*Confidentiality:** It is important to protect the identity of all patients and staff who have tested positive for Covid-19. When informing people that they have been identified as a close contact of a person who has tested positive for Covid-19 the name of the patient or staff member must not be provided due to their rights to confidentiality and data protection. The name of the ward or area where they were exposed and date of exposure to Covid-19 can be provided.

*e.g. "You have been identified as a close contact of a person who has tested positive for Covid-19. You were last in contact with this person on ....(date) while you were a patient on Ward X at X Hospital/Congregated setting.....".*

If asked about the identity of the person state *"I cannot tell you who the person who has Covid-19 is. This does not impact in any way on the information I am giving you"*.

The HSE is operating a case management and contact tracing service which aims to ensure that all those who have tested positive for Covid-19 are informed and provided with appropriate information and advice, that their close and complex contacts are identified and that these contacts are informed and managed as appropriate. For more information, visit [www2.hse.ie](http://www2.hse.ie).

### **Staff Support:**

Infectious disease outbreaks like coronavirus (COVID-19) can be worrying. The spread of coronavirus is a new and challenging event. Some people might find it more worrying than others. Try to remember that medical, scientific and public health experts are working hard to contain the virus. Most people's lives will change in some way over a period of days, weeks or months. This can affect your mental health. There are many things you can do to mind your mental health during times like this – see list of resources below.

The importance of support for staff from managers, supervisors, colleagues and peers in this emerging situation should not be underestimated. Being available for colleagues and understanding the challenges they are facing is crucial. Staff require a safe and confidential space in which to talk openly about their experiences and feelings if they wish to do so. This can be very therapeutic.

The "ASSIST ME" model of staff support (available [here](#)) has been developed to assist managers and staff during this process. This has been adapted from the Medical Protection Society's A.S.S.I.S.T model of communicating with service users following adverse events in healthcare. This communication tool can be used to assist staff who are upset, anxious or in a distressed state.

## Staff Support Resources:

ASSIST Me Model of Staff Support: <https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/opendisclosure/staff-guide-supporting-staff-following-an-adverse-event.pdf>

Covid-19 Information HSE website: [www2.hse.ie](http://www2.hse.ie)

HSE Healthcare worker helpline: **1850 420 420**

HSE Live: **1852 24 1850**

HSE Open Disclosure Policy: <https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/opendisclosure/hse-open-disclosure-full-policy-2019.pdf>

HSE Open Disclosure resources for clinicians and organisations:  
<https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/opendisclosure/resourcesforcliniciansandorganisations.html>

Minding your mental health during the coronavirus pandemic  
<https://www2.hse.ie/wellbeing/mental-health/covid-19/minding-your-mental-health-during-the-coronavirus-outbreak.html>

SilverCloud Health - Online mental health service providing free access to all HSE staff to four self-directed online programmes <https://hse.silvercloudhealth.com/signup/>

Stress control programme available at [stresscontrol.org](http://stresscontrol.org)

## References:

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

Communication Flashcards available at [cardmedic.com](http://cardmedic.com)

HSE Open Disclosure Policy 2019 available on [www.hse.ie/opendisclosure](http://www.hse.ie/opendisclosure)

HSE Covid-19 Contact Management Programme (CMP) Call Scripts.

HSE website [www2.hse.ie](http://www2.hse.ie)