SESLHD PROCEDURE COVER SHEET

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FUNCTIONAL GROUP(S)	Mental Health
KEY TERMS	Death, family, contact, communication
SUMMARY	This procedure outlines the process for establishing timely, open and empathetic communication between a mental health service and the family of a current or recent consumer who has been found deceased.

Contact with Families following the Death of a Consumer – Mental Health Service

SESLHDPR/287

1. POLICY STATEMENT

The South Eastern Sydney Local Health District (SESLHD) Mental Health Service (MHS) is a clinical stream within the organisational structure of the SESLHD. It supports a culture where incidents are discussed directly and openly with the family of a deceased consumer. This procedure has been developed by the MHS in consultation with the Mental Health Executive of each service.

2. BACKGROUND

This procedure aims to standardise the process of contact between MH services within SESLHD and the family of a current or recent consumer who had unexpectedly been found deceased. The MHS would also offer support to families of MH consumers who have died from physical health issues.

The procedure outlines a process for establishing communication which is timely, empathetic and congruous with the principles of open disclosure.

3. DEFINITIONS

For consistency purposes, throughout this document, the term “consumer” is used to describe a person who may also be known as a “client”, “service user”, “patient” or “person with lived experience”. The SESLHD MHS acknowledges the varying preferences of people who receive services in the SESLHD MHS.

4. RESPONSIBILITIES

It is the responsibility of each MHS Service Director to ensure that this procedure is circulated and implemented locally.

When a MHS consumer is found deceased, the Site Executive will appoint an appropriate senior staff member to act as the Dedicated Family Contact.

The Dedicated Family Contact will take responsibility for ensuring that timely contact with the family occurs following the death of a current or recent consumer of the service. Contact with the family should be made by the Dedicated Family Contact as soon as possible, to offer condolences and any subsequent support that the family may require.

Once determined by Site Executive, the identified Dedicated Family Contact is to communicate their role to all stakeholders within the MHS.

4.1 Clinicians will

- Notify their Service Manager a consumer has been found deceased OR, if after hours, notify the executive on-call.

4.2 Service Managers will

- Notify their Service Director / nominated delegate
- Support and assist staff participating in meetings
- Arrange an immediate incident debrief.

4.3 Service Director / nominated delegate will:

- Notify the Clinical Director
- Liaise with any third-party services/CMOs who were also working with the consumer
- Notify the Family and Carer Coordinator.
- Appoint a Dedicated Family Contact who is determined by several factors including any previous contact with the family, as well as the seniority and/or skill base of the clinicians previously involved in the care of the consumer. The Dedicated Family Contact should be a senior staff member with appropriate experience in offering support to families after a death.
- Inform the General Manager MHS

Please Note:
The GM's MHS Office will liaise with the SESLHD Clinical Governance Unit in relation to management of an adverse clinical event.

5. PROCEDURE

5.1 The Service Director will:

5.1.1 Liaise with any associated third-party services/CMOs to determine who will lead the open disclosure process, and which service will provide aftercare to the affected families and/or carers. The purpose of this is to avoid families being notified by multiple services of the death of a consumer.

If it is determined that SESLHD MHS will lead the open disclosure process the following procedure applies (see 5.2), however the third-party, where appropriate, should be invited to participate in family meetings.

If it is determined that a third-party service/CMO will lead the contact with the family, the following procedure applies (see 5.2), however the third-party will initiate contact with the family and invite the Dedicated Family Contact to also meet with the family for open disclosure and condolence purposes.

5.1.2 Support and assist staff participating in meetings (e.g. grief counselling sessions, Employee Assistance Program, meetings with the family GP) with the deceased's family.

5.2 The Dedicated Family Contact will:

5.2.1 Develop a robust plan to ensure that any communication with the family is open, consistent and accurate. This plan should include, but not be limited to, points such as specific details regarding the death that should be conveyed if requested, support services to offer, details of people within the MHS that the family can contact.

5.2.2 Initiate contact with family (if appropriate), and discussions should ideally involve the most senior health care professional involved in the management of the consumer.

5.2.3 If it is confirmed that NSW Police have notified the family, contact with the family should occur as soon as practicable. MHS contact with the family should be made within, at

most, two working days of the MHS being notified of the death.

5.2.4 MHS Staff should ensure documentation of any contact/attempted contact with the family is completed and appropriately recorded in the electronic Medical Record (eMR).

5.3 Contacting the Family

5.3.1 Initial Telephone Contact

Telephone contact with the family should take place as soon as practicable following the notification of a consumer death. An expression of regret is to be made, along with an offer to meet with the family. If the family is agreeable, a meeting time and venue is to be arranged. If the family declines further contact with the service, they should be offered the names and telephone numbers of staff within the MHS who are available to answer questions and address any future concerns, including referrals for grief counselling.

5.3.2 Initial Meeting with the Family

The initial meeting with the family contact person(s) should adopt the principles of the NSW Ministry of Health Policy Directive PD2014_028 - Open Disclosure Policy. Open disclosure is a process of initiating communication that is open, honest, empathetic, timely and consistent. The focus, in these instances, is on ensuring that families affected by an incident know and understand the clinical and service delivery context of the incident, and understand that for Harm Score 1 incidents a Serious Adverse Event Review [SAER] will be actioned by the SESLHD MHS, to enable appropriate learning to occur that contributes to quality improvement. Accordingly, the initial meeting with the family must include:

- An expression of regret or sadness for the family's loss
- An explanation of what happened and the known facts
- An offer to facilitate referral for grief counselling
- Provision of contact names and numbers of the appropriate SESLHD MHS senior clinicians or managers delegated to address concerns and complaints
- Provision of details for the Family and Carer program including support the program can provide to the family, and contact information for the relevant Family and Carer Coordinator
- If the death is subject to a coronial review, provide the family with access to the Coroner's brochure Initial steps after a death is reported to the Coroner
- Explain any review processes, and invited the family to participate in any SAER, which is completed for a Harm Score 1 incident. They may choose to provide a written statement and/or have contact with a member of the SAER team.
- Information should be provided on anticipated timelines for any SAER review of the incident, which is usually more than 60 days.
- Any plans for ongoing communication with the family
- Assistance with any special needs e.g. care of dependants
- Acknowledgment of any other reasonable expectations of the family.

5.3.3 Follow-up with the Family

In some instances, more than one contact with the family may be necessary. Follow-up may be undertaken either via face-to-face interviews, by letter, or both. This can be initiated by the MHS or be in response to a specific request from the deceased's family.

5.3.4The family **MUST** be offered feedback following the SESLHD Chief Executive's endorsement of the SAER final report.

Issues discussed at this meeting should include:

- Details of the SAER final report, and explanation of the report in plain English
- A summary of the factors contributing to the incident (as established in the SAER final report), and information on measures to be taken to minimise the risk of similar incidents from occurring
- How recommended improvements are to be monitored
- Acknowledgement of any ongoing concerns or complaints
- An offer to arrange any additional support or assistance.

6. DOCUMENTATION

Any contact and/or attempted contact with the family must be documented in the deceased consumer's eMR file. Entries should reflect adherence with PD2014_028 - Open Disclosure Policy.

The eMR file should document:

- The time, place, date of discussions, and names and relationships (to the deceased) of persons present
- An accurate summary of all points discussed
- Offers of support, and responses received
- Questions posed and answers provided
- The plan for providing further information (when required)
- Copies of letters sent.

For recording purposes, the open disclosure process commences with the initial notification of the incident to the MHS.

If the incident has been assigned a Harm Score (HS) 1 or 2, an Incident Briefing to the General Manager MHS is to be generated, and fields related to the open disclosure process need to be completed. The Incident Briefing to the General Manager MHS template is available on the MH forms section of the intranet.

PLEASE NOTE:

- When a mental health consumer is found deceased this must be updated within iPM as soon as practicable to prevent any inappropriate contact being automatically generated with families and carers eg CMH appointment reminders being sent.

7. AUDIT

Not required.

8. REFERENCES

NSW Ministry of Health

- PD2014_028 - Open Disclosure Policy
- PD2020_047 - Incident Management Policy

Others

- National Safety and Quality Health Service (NSQHS) Second Edition: Standard 1. Clinical Governance Standard - Patient safety and quality systems – Incident management systems and open disclosure
- Initial steps after a death is reported to the Coroner

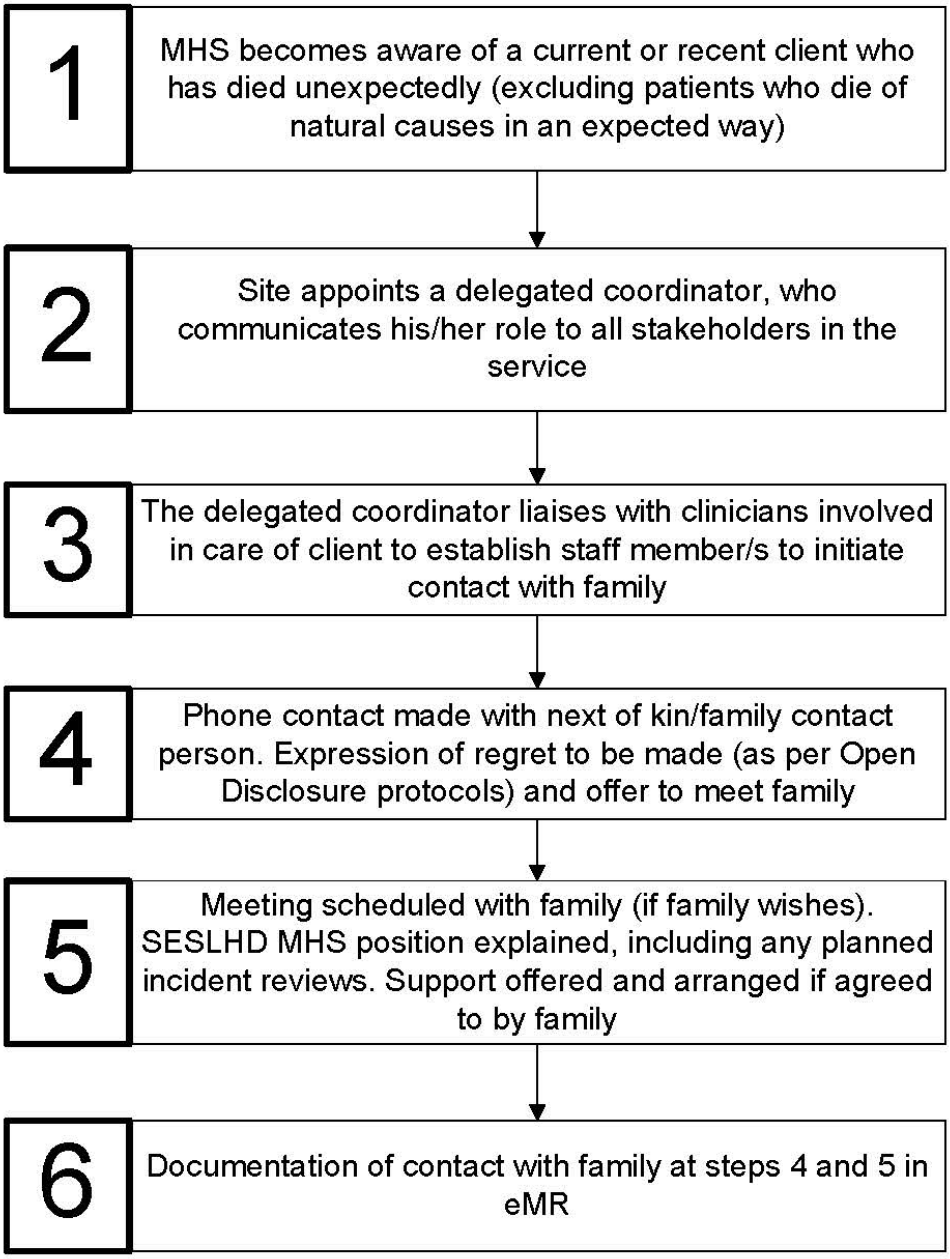
9. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
Nov 2008	1	Area Mental Health Executive.
Mar 2012	2	Policy Development Committee endorsement.
July 2013	3	Approved by SESLHD MHS Clinical Council.
Sept-Oct 2015	4v1	Doc sent by District Manager Family & Carer MH Program, Linda Green, to MHS Inpatient and Community Services Managers, MHS Family and Carer team, MHS Access and Service Integration Manager, TSH Team Leaders, STG Social Work Team Leader, STG CMH Team members and Mood Disorders Unit. Minor feedback incorporated, including additional information about delegated coordinator and addition of Reportable Incident Brief template.
Nov 2015	4	Endorsed by SESLHD MHS Clinical Council.
December 2015	4	Approved for publishing.
May 2019	5.0	Confirmed correct template Reviewed for gender diversity Links checked and updated where necessary Inclusion of 5.1.2 to consider third party associations when in contact with families Appendix C updated to new template Circulated to DDCC for review and feedback
May 2019	5.1	Incorporates comments from DDCC
June 2019	5.2	Incorporates feedback from ESMHS
August 2019	5.3	Minor review. Approved by Executive Sponsor. Endorsed by SESLHD MHS DDCC Endorsed by SESLHD MHS Clinical Council Published by Executive Services.
September 2020	v6.0	Non routine review commenced at the request of the SESLHD MHS Clinical Governance Committee to include details of the Family & Carer program.
October 2020	v6.1	Revised section on documentation to comply with new NSW Health

		Policy PD2020_020 Incident Management Policy
October 2020	v6.2	Incorporates feedback including clarification that NSW Police will always be the agency to notify families of a death
November 2020	v6.2	Endorsed by the SESLHD MHS Document Development and Control Committee Endorsed by the SESLHD MHS Clinical Council
May 2021	v6.2	Approved by Executive Sponsor.
September 2022	v7.0	Routine review commenced. Links checked and updated
September 2022	v7.1	Updated by Clinical Risk Manager to incorporate new processes
October 2022	v7.2	Reviewed by DDCC. Change to iPM status identified to prevent appointment reminders being automatically sent.
November 2022	v7.3	Proposed new information regarding Open Disclosure process reworded for clarity. Endorsed DDCC. Endorsed Executive Sponsor.

APPENDIX A:

FLOWCHART: LIAISING WITH FAMILIES FOLLOWING THE DEATH OF A CONSUMER



APPENDIX B:

CHECKLIST: INITIAL MEETING WITH FAMILY OF DECEASED CONSUMER

Process and Content

- Introduction of SESLHD MHS staff
- Expression of sadness and regret
- An explanation of what happened and the known facts
- The contact names and phone numbers of people in the mental health service who are available to address concerns and complaints
- Offer to arrange supportive counselling
- Explanation of how the incident is to be reviewed
- Steps for ongoing feedback
- Anticipated timelines for reviewing the incident

Documentation

- Documentation in IIMS
- Documentation in deceased's eMR file

Special Considerations

- Supportive counselling for children
- If it is apparent that the death is to be reviewed by an RCA team, the family should have the process explained and be invited to participate