



## Immediate Care Of Relatives Following Patient Death/Serious Incident Procedure

Procedure Number  
WCDHB-PN-0074

Version Nos:  
**6**

### 1. Purpose

This Procedure is performed as a means of undertaking all activities associated with informing relatives of the death of a patient/serious incident involving the patient. (Also known as *Open Disclosure*)

### 2. Application

This Procedure is to be followed by all clinical staff throughout the West Coast District Health Board (WCDHB).

### 3. Definitions

For the purposes of this Procedure:

a *Serious Incident* is defined as a patient suicide, deliberate self-harm/attempted suicide by a patient, physical violence resulting in injury to a patient/staff member, admission of a patient following unsuccessful treatment by another health provider, hospital-incurred trauma/injury of a patient, patient AWOL, sudden death.

### 4. Staff Authorised To Perform Procedure

This Procedure shall be performed by a:

- i) Nurse Manager
- ii) Responsible Clinician

### 5. Resources Required

This Procedure requires:

- i) private room with several chairs and telephone
- ii) note paper and pen
- iii) box of tissues and rubbish bin
- iv) cold water and glasses
- v) ACC Forms (for death resulting from an accident)

### 6. Process

- 1.00 The ability and usefulness of staff in care for relatives of a patient who has died or has been involved in a serious incident will depend on staff being well prepared. Therefore it is important that the relevant Nurse Manager and responsible Clinician prepares:
  - i) themselves
  - ii) their staff
  - iii) the surroundings.



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- 1.01 Before meeting with the relatives the Nurse Manager and responsible Clinician should collect as much information as possible about the death/serious incident. This should include:
- i) who has died/was involved
  - ii) what actually happened
  - iii) where and when did it happen
  - iv) what did the patient die of
  - v) did the patient say anything
  - vi) when can the relatives see the patient
- 1.02 The Nurse Manager and responsible Clinician shall then provide background information to relevant staff members and inform them where to take the relatives when they arrive and who to notify when they arrive.
- 1.03 The Nurse Manager and responsible Clinician shall also ensure that the room where the meeting with the relatives is to occur is prepared by ensuring that:
- i) the room is private
  - ii) the room contains several chairs and a table
  - iii) a jug of water and glasses is provided
  - iv) a full box of tissues and rubbish bin is provided
  - v) if possible a phone (with outside line and phone book) is available
  - vi) note paper and pens are provided.
- 1.04 When meeting with the relatives for the first time it is important for staff members to quickly identify the most significant person and speak directly to that person:
- i) ask if they are in fact the relatives;
  - ii) introduce themselves fully with a degree of authority;
  - iii) sit within touching distance;
  - iv) some physical contact is essential (take hand or wrist and hold firmly and squeeze)
- 1.05 While there is no easy way to inform relatives of a patient death/serious incident, staff should ensure that language is used which cannot be misunderstood (e.g. Mrs Brown, I am very sorry but I have some sad news .....).
- 1.06 Staff members need to be prepared to answer any questions that the relative may wish to ask. Staff members are to think carefully before speaking and speak in a manner which can easily be understood. Staff members are always to remember that relatives require answers and may also need a great deal of practical advice and gentle guidance.
- 1.07 The next step is for the Nurse Manager or responsible Clinician to assess any spiritual needs of the relatives. The relatives are to be asked if they would like to have a priest/minister/other person present for support, and if so, arrangements are to be made for this to occur. The relatives are also to be asked if they wish to have a close friend notified, and arrangements made accordingly.
- 1.08 If the Coroner is required to be informed (see *WCDHB Notification of Patient Deaths To Coroner Procedure*) the responsible Clinician is to explain to the relatives that the notification will have to be made and that the Police will be acting as agents for the Coroner and will need to speak to them. The relatives are also to be informed that a post-mortem may also be required.



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- 1.09 Staff members are then to give the relatives some time alone. It is important for staff to remember that this is their unique sorrow and the relatives will need to be left alone to be free to express their feelings in private. The Nurse Manager is responsible for ensuring that a private area is made available.
- 1.10 The relatives may wish to spend time with the patient. The Nurse Manager is to ensure that arrangements have been made for this to occur (in cases of patient death as per the *WCDHB Patient Death – Laying Out Procedure*).
- 1.11 In cases of patient death, the Nurse Manager is to inform the family that they will need to:
- i) notify their lawyer
  - ii) notify a Funeral Director
  - iii) notify the patient's workplace (if applicable)
  - iv) notify WINZ if the patient was on a benefit (this has to occur within 1 week of death)
- 1.12 If the death was due to an accident then the family is to be provided with the relevant ACC forms.
- 1.13 When the relatives are ready to leave staff members are to walk them to their car and say goodbye. They are also to provide the name and telephone number of a staff member for them to contact if they have any further questions.

## 7. Precautions And Considerations

- ➔ The ability and usefulness of staff in care for relatives of a patient who has died or has been involved in a serious incident will depend on staff being well prepared
- ➔ Before meeting with the relatives the Nurse Manager should collect as much information as possible about the death/serious incident
- ➔ Be prepared to answer any questions that the relative may wish to ask

## 8. References

Gauntlett, P., Myers, J (eds) *Adult Health Nursing*, 3<sup>rd</sup> edition (1988), Mosby St Louis

*Mosby's Medical Nursing and Allied Health Dictionary* 5<sup>th</sup> edition (1998), Mosby St Louis

*Health South Canterbury Professional Nursing and Midwifery Manual*

## 9. Related Documents

WCDHB Patients Possessions Procedure



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