

UPDATING N.O.K

Plan the message you want to deliver. It is **vital to be familiar with the patient** Simple errors can significantly erode trust and confidence.

Review previous discussions, and if possible discuss with who has communicated with the NOK previously

Prior to updating the NOK, **determine if there is clinical consensus**. Conflicting messages will decrease understanding and confidence

No interruptions, unless a critical intervention is required

Rehearsing what to say with appropriate staff members can help

ADMISSION PHONE CALL

Identify yourself and your role. **Explain why you are calling them**

Identify who they are, and ensure that they are the appropriate person to communicate with

Explain **what caused the admission, what has happened in hospital** prior to the admission. Use clear language, small pieces of information and allow time for reflection

Clarify **the pre-morbid situation**, and **any collateral history**.

Explain the next step in investigation and treatment, again using simple language. Explaining why we are doing something helps with understanding

Ask them **to repeat to you** what they have understood. Listen and acknowledge their feeling and concerns. Clarify any misunderstandings. You may have to repeat explanations several times before they understand

Clarify **any further support** would be of benefit

Try and give **a time frame for the next call**, but explain that if we are caring for the patient it may not be possible to keep that time.

POST WARD TOUND / ROUTINE UPDATE

Identify yourself and your role.

Identify who you are speaking to.

Explain why you are calling them.

Clarify **their understanding of the patient's situation is**

Explain **the current progress**, whether there has been **any change to patient's condition** and the support they are receiving, and what **the step is**

Ask the **NOK to repeat to you** what they have understood from the call and correct any misunderstanding

Offer further support

End the communication by stating a time frame for the next call.

AFTER THE CALL

Document what was said, how the family reacted to the news and what you said were the next steps.

If it was a difficult conversation, **debrief** with other staff and plan for the next conversation.

Useful Links

DHHS Website:

<https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19>

Coronavirus DHHS hotline: 1800 675 398

Current DHHS Hospital Visitors guidelines (keep in mind these are updated, and this link may not be the most current):

<https://www.dhhs.vic.gov.au/factsheet-visitors-hospitals-24-march-2020-2>

DHHS Stay Home directions:

<https://www.dhhs.vic.gov.au/coronavirus-stay-home-and-restricted-activities-directions-faq>

DHHS Fact Sheet for family with close contact with COVID-19 sufferers:

<https://www.dhhs.vic.gov.au/novel-coronavirus-close-contact-what-you-need-know>

Questions you may be asked:

How can you not let me visit?

The risk of spreading the virus is so high that I am sorry to say we cannot allow visitors. We can help you be in contact electronically. I know how important it is to you as well as XXXX for a visit. Sadly, it is not safe at the present time.

How bad is this?

From the information that we have obtained, XXXX's situation is serious enough that they need to be in the Intensive Care Unit. We will know more in the next day, and we will update you as things become clearer.

You people are incompetent!

I can see why you are unhappy with the situation at present. What could I do that would help improve things?

I want to talk to your boss.

I can see you are frustrated. I will ask my consultant/registrar to come by as soon as they can. Please realize that they are juggling many critical things at the moment.