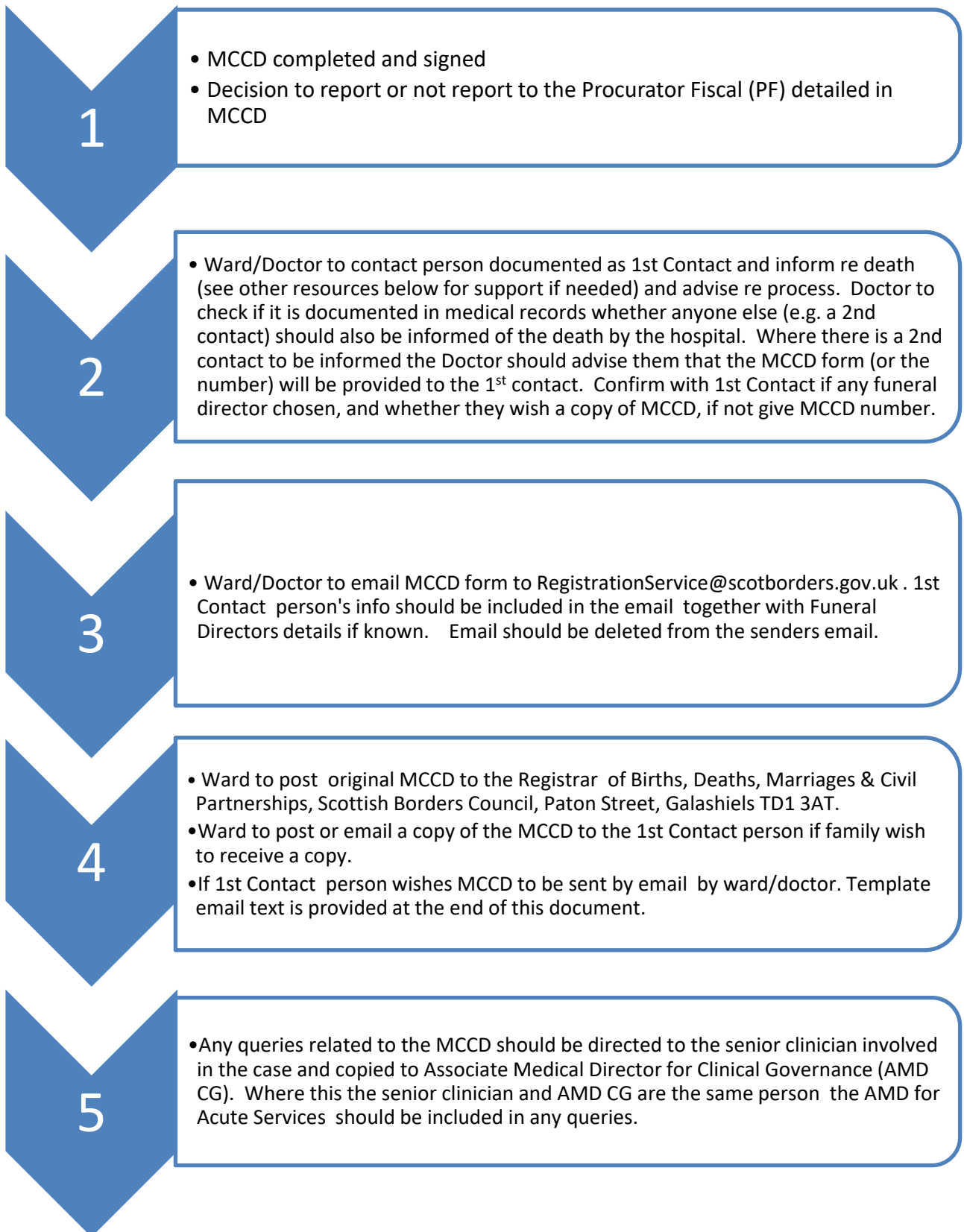




Title	Medical Certificate of Cause of Death (MCCD) Process
Document Type	Protocol
Version Number	V2
CGQ & RDS ID Number	Clinical Governance & Quality Use only
Approval/Issue date	February 2023
Review date	February 2026
Owner/Responsible Person	Bennison J – AMD Acute Services Janet.Bennison2@borders.scot.nhs.uk
Developed by	Susan Cowe - QIF Person Centred Care Annabel Howell – Palliative Care Consultant
Reviewed by	Janet Bennison – AMD Acute Services Susan Cowe – QIF Person Centred Care February 2023
Significant resource implications (financial/workload)	None Noted
Approved by	Acute Services Clinical Governance Board
Health Inequality Impact Assessment (HIA) (only statutory for policies)	N/R

Uncontrolled when printed

NHS Borders Medical Certificate of Cause of Death (MCCD) Process



STEP 1: PREPARE

- Take a moment to compose yourself. A few slow deep breaths will help you focus.
- Check patient's information: patient name? Did they have children/a partner?
- Check latest protocol following death of a patient and what bereavement support is available.
- Consider rehearsing/role playing what you are going to say with a colleague.
- Find a space where you won't be interrupted. Pass your bleep/phone to a colleague. If possible, use a landline to make the call.

STEP 2: STARTING OFF

- Introduce yourself by name.
- Clearly explain which team and hospital you are calling from.
- Establish who you are speaking to and their relationship to the patient.
- Check they can talk privately.
- Speak slowly with pauses between sentences. Counting to 3 in your head can help slow you down, particularly if you're feeling nervous.
- If the person is very distressed they may ask straight away if their relative has died - still use the 'warning shots'.
- If the person does not answer the phone - DO NOT leave a voicemail.

- "Hello, my name is xx. I am part of the xx team who has been looking after [Name]"
- "Is there somewhere quiet that you can talk at the moment?"
- "Can I just check who is at home with you now?"
- "Shall I call you back in 5 minutes when you've had a chance to put a DVD on for the children?"

STEP 3: WARNING SHOTS

- Briefly set context for telephone call.
- Ask if there is anyone else (e.g. partner) they want to be in on the call too.
- Remember to speak slowly, clearly and with pauses.

- "I'm calling to talk about [Name]."
- "What have you been told so far about their condition?"
- "I am sorry to have to tell you this over the phone and not in person" **PAUSE**

STEP 4: GIVING KNOWLEDGE AND INFORMATION

- Talk VERY slowly, honestly and realistically.
- Avoid euphemisms (do not say passed away) and technical jargon.
- After you have told the person that the patient has died, STOP for a few seconds to allow the person to take in what you have said.
- Listen for reactions to gauge when they are ready for more information.
- Remember pauses are important as you can't see the other person's reaction to what you are saying.

- "I'm very sorry to tell you that [Name] became very unwell and has died. I'm so sorry."
- "I am very sorry to give you this news over the phone"
- "Do I need to slow down? Would you like me to repeat anything?"
- "I understand this might be very difficult to take in..... just take a few moments"

STEP 5: RESPONDING TO THE EMOTIONAL IMPACT OF THE NEWS

- Support person with their own feelings/distress about the bereavement.
- Distress may limit their capacity to absorb information.
- Silences can feel uncomfortable and longer than they actually are on the telephone. It is difficult to know how a person is reacting when you can't see them; there may be other people in earshot including children.
- Don't feel you have to fill the silences.
- Using sounds and words, e.g. 'uh-huh', 'mmm', "take your time — I'm still here" replaces eye contact or touch, and confirms your presence.

- If person is crying or shouting: "I understand that it is very upsetting news, particularly by telephone."
- If person repeatedly says "it's not true, it can't be": "I understand this is very difficult for you to take in."
- If person goes very quiet or says 'thank you for letting me know': "This news can be very difficult to take in; would you like me to help you think about what you need to do next?"

STEP 6: ESTABLISH IF THE PATIENT WAS A PARENT

- Check if the patient was a parent; names and approximate ages of children.
- If patient was a parent and children are under 25 years, go to Page 2.
- If children are over 25 years, or patient was not a parent, go to Step 7.

- "Does [Name] have any children who will need to be told?"
- "Are they with you at home right now?"

STEP 7: MAKE A PLAN

- Finish by explaining what will happen next, using most up to date hospital policy regarding death certification, mortuary etc.
- Reassure them they will not have to manage this alone; direct to established bereavement services and online resources.
- Repeat your name and which department you are calling from.
- Update patient file and tell other staff that the next of kin have been told.
- These are emotionally exhausting conversations. Take a minute to check how you are feeling/take 5-mins/cup of tea/snack/talk to your team.

- "I understand this has been a very difficult conversation. There has been a lot to take in; is there anything you do not understand?"
- "Just to recap, the next steps will be [refer to latest hospital protocol re bereavement services for Coronavirus related deaths]"

Talking to relatives

A guide to compassionate phone communication during COVID-19



Introduce

SPEAK SLOWLY

OPEN WITH A QUESTION

ESTABLISH WHAT THEY KNOW

#hello my name is...
GRACE
WARD SISTER

I'm calling to give you an update on your brother, Frank.

Are you OK to talk right now?

Can you tell me what you know about his condition?

Share info in small chunks



**PAUSES
SIMPLE LANGUAGE**



**EUPHEMISMS
JARGON**



Helpful concepts

Honesty with uncertainty

There are treatments that might help Frank get better, such as giving him oxygen to help with his breathing. But if his heart stopped, we wouldn't try to restart it, as this wouldn't work.

Hope for the best, plan for the worst

We hope Frank improves with these treatments, but we're worried he may not recover.

Sick enough to die

Frank is very sick and his body is getting tired. Unfortunately he's now so unwell that he could die in the next hours to days.

I'm so sorry to tell you this over the phone, but sadly Frank died a few minutes ago.



Comfort and reassure

Is there anything you can tell me about Frank to help us look after him? What matters to him?

We've been looking after him and making sure he's comfortable.

Allow silence

LISTEN

EMPATHISE

ACKNOWLEDGE

I am so sorry. Please, take your time.

It must be very hard to take this in, especially over the phone.

I can hear how upset you are. This is an awful situation.



Ending the call

DON'T RUSH

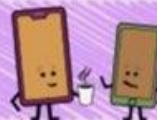
NEXT STEPS

Before I say goodbye, do you have any other questions about Frank?

Do you need any further information or support?

Afterwards

Chat with a colleague.
These conversations are hard.
#weareallhuman



NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

*proud
to care*

Dear **Name of Next of Kin/Relative**

I would firstly wish to offer my sincere condolences on the death of your **father, mother, husband, wife, son, daughter**. I appreciate this will be a very difficult time for you and our thoughts are with you.

As a result of the COVID pandemic and the social distancing advice, the process for registering a death has changed. The process involves information being shared electronically so you do not need to attend the Registrar's office in person and the Medical Certificate of Cause of Death will be sent automatically by the hospital to the Registrar. As requested I have attached a copy of the Medical Certificate of Cause of Death for your **father, mother, husband, wife, son, daughter**.

Please ring the Registrar's office on **0300 100 1800** to arrange the next step of the process.

Please do not reply to this email. If you have any queries you can get in touch with us by calling the relevant ward, via the Switchboard at Borders General Hospital (01896 826000).