Delivering Difficult News to Families in Radiology at CCHMC
Why do we need Difficult News Guidelines?

- Process of families receiving difficult news in Radiology was not standardized
- Family experience was variable based on
  - section of the department
  - time of day
  - Faculty involved
- Having no system in place often caused confusion and stress for both staff and family.
Questions that arise

- Who will tell the family?
- Where will we tell the family?
- Is there family support available?
- Are there other children with them?
- Where will the child be when we discuss the DN?
- What is the next step – ED, admit, surgery?
What is “Difficult News”

• DN guideline initially used to tell parents Dx such as brain tumor or abdominal mass

• Now defined as news delivered to families that will alter their expected plans for the day
  ♦ May be identification of a lesion that requires additional imaging, hospitalization, urgent referral to another clinical service, or surgery
  ♦ May also be in the setting of what we would consider a more routine discussion, but the family response alerts us to the fact they need greater support than anticipated
Development of guideline

- Research to find already established communication processes in various areas of CCHMC; SDS, ED, ICU, Pastoral Care
- Guidelines developed over a 2 year period by a multi-disciplinary team in Radiology representing each modality (2007-2009)
- Committee members: Radiologists, Nurses, Patient Care Assistant, Child Life Specialists, Technologists, and Patient/Family Advocate
- Guidelines reviewed by Radiology Family Centered Care Committee, feedback and input incorporated
Difficult News Committee Members:

Janet Adams, RDMS, RVT
Teresa Berter, RN, CPN
Marguarite Care, MD
Christina Cooper, PCA
Kathleen Emery, MD
Robert Fleck, MD
Heidi Gardner, RT CT
Donna Gaston, RN
Dianne Hater, Pt./Family Advocate
Bernadette Koch, MD
Catherine Leopard, CCLS
Katie Nees, CCLS
Mary Sue Owens, RN
Dianna Petry, RT, MRI Manager
Rebecca Pryor, RT, Compliance
Andrea Roberts, RN, CPN
Sarah Tomasetti, RT, MRI
Sara Smith, RT, CT
Patty Young, RN
Mission and Purpose

• **Mission:** To communicate difficult news to families in Radiology in ways which are supportive, comforting, and informative. We will recognize families’ need for privacy, timely information, and compassionate communication. We will utilize the varied and multidisciplinary resources within Radiology and throughout CCHMC to help support patients and families during this difficult time.

• **Purpose:** To promote efficiency in communication by clarifying roles and responsibilities of the interdisciplinary team.
Goals

• Provide effective communication between staff, faculty, and families when
  ◊ An unexpected diagnosis is made
  ◊ There is a significant change in family’s schedule as a result of imaging findings
  ◊ Family seems to need more emotional or family support than predicted
Goals

- Improve
  - Family experience
  - Patient safety and confidentiality
  - Flow
Overview

Guideline to be used
- By any staff member
- At any time
- Intended to be modified according to situation

5 Stages are identified as typical:
- Initial Discovery Stage
- Evaluation Stage
- Alert Stage
- Communication Stage
- Debriefing Stage
“Huddle”
Necessary interdisciplinary team involved in communication within each stage

“Point Person”
Staff person responsible for facilitating communication between staff and family, and focusing on psychosocial needs of family

Possible Point Persons
- Radiology Patient and Family Advocate
- Radiology Child Life Specialist
- Radiology Anesthesia RN
- Radiology Technologist
- ED Child Life Specialist
- On-call Chaplain
**Initial Discovery**

An abnormality is seen on the images

**Huddle**

Discussion starts between:
- Technologist
- Radiologist
- +/- Nurse

**Action Plan**

- Point Person assigned and notified
Evaluation Stage

*Potential deviation from the family’s expected schedule*

**Huddle**
- Radiologist Task: Update Point Person regarding status and/or change
- Point Person Task: Receive information from Radiologist and prepare for change in plan
- Nurse Task: Update PFC regarding patient care/changes

**Action Plan**
- Healthcare team communicates medical plan of care and clarifies next step
Point Person Checklist in DN Binder

Point Person Checklist

Evaluation Stage Checklist
- Where is family from?
- Siblings?
- Other appointments?
- Where is the family in Radiology or in the building?

Alert and Communication Stage Checklist:
- Gather information from Huddle group

What is the next course of action with this patient?
Will this patient require other scans?
Will this patient be admitted?
Will this patient and family be visited by other departments/MD?
Who will be speaking to the family? (See Scripts)
How soon until we have more answers for the family?
When will the Huddle Team meet again?

- Provide family with private space (see Script "A")
- Place sign on door to denote family’s presence.
- Place folder with blank paper, pen, tissues, etc.
- Take notes for family during the time MD is speaking to the family about results and next steps.
- Ask family if other accommodations need to be made.
- Offer family other comfort items or resources
- Initiate communication with disclosing MD
- Identify support person who may be present for the family during communication with MD
- Provide necessary psychosocial support for patient, family, siblings (Child Life, Family Support/Pastoral Care, Social Work)
- Contact Pastoral Care for "heads-up" about patient.
- Follow/assist family until they leave Radiology
Alert Stage
Definite deviation from the family’s expected schedule

Huddle
- Radiologist Task: Update Point Person on plan for patient
- Point Person Task: Update Huddle team on family logistics
- Nurse Task: Update Huddle team on patient care/changes

Action Plan
- Communicate decisions within Huddle Team regarding new plan of care for this patient
Alert Stage
Definite deviation from the family’s expected schedule

Point Person Responsibilities:
• Communicate to family change in schedule
• Provide family with private space
• Ask if other accommodations need to be made
  ◊ Family support/pastoral care
  ◊ Calling departments about other appointments
Script “A” : Bringing family back to private room – deviation from schedule.

“The radiologist is taking a closer look at your child’s pictures. As soon as we have more information we want to share it with you. Let’s go back to one of our rooms so the doctor will be able to easily find you.”
Communication Stage
Family given Radiology results

Huddle
- Radiologist Task: Update team about who will discuss results of scan with family, and what next step will be
- Point Person Task: Update team on family status
- Nurse Huddle Task: Update team on patient status

Action Plan
- Group will clarify details of communicating results with family & plan for patient’s care
Communication Stage
Family given results

Radiologist may:

- Confer with ordering MD
- Communicate with family
- Participate in conference call with ordering MD and family
- Be present with family when ordering or consulting MD discusses diagnosis
Debrief

- With PFA in person – faculty
- Survey – all staff involved
  - How did it go?
  - What could we do better next time
  - How did the family respond
• What is MY role?
  - Initiate the system, support the family, be a point person, keep communication confidential, etc.

• How do I know if this is really a “difficult news” situation?
  - If in doubt, initiate & get help to determine next step – continue vs. process not needed

• Who can we call for support?
  - PFA, CLS (radiology, ED dept. or floor), RN, physician, PCA, On-Call Chaplain
Summary

Guideline to be used
• By any staff member
• At any time
• Intended to be modified according to situation

5 Stages are identified as typical – may not necessarily progress through all stages
♦ Initial Discovery Stage
♦ Evaluation Stage
♦ Alert Stage
♦ Communication Stage
♦ Debriefing Stage
## Difficult News Key Points

**Communicate with the Radiologist.**
- Assign a Point Person
- Decide where the family will wait
- Discuss next steps

**Provide a private space for families to wait.**
Never allow the family to receive unexpected test results in a public area.

> You might say, “The radiologist is taking a closer look at your child’s pictures. While he/she’s doing that, I’ll have you wait in this room.”

**Be present when the family is told the results and next steps.**
- Bring paper, pen, and tissues.
- Take notes for the family.
- Offer other hospital resources like:
  - Family Support (Pastoral Care 61101)
  - Child Life. (After hours call Emergency Department Child Life Pager 736-1324)

**Update the family often.**
- At least every 10-15 minutes check on them, ask them if they need anything. (drink, warm sheet.)

**Stay with family until they leave Radiology.**
- Walk them to the ED or Admitting if they are directed to those areas.
Radiologist Checklist

Posted in Reading Rooms

Difficult News
Radiologist Checklist

1. Designate Point person Possible Point Person
   - Update Point Person on situation
   - Discuss possible next steps

2. Contact ordering doctor to convey results and determine next course of action for the patient:
   - Will this patient require other tests, be admitted, go to surgery, be seen by other departments?
   - Will ordering physician or Radiologist give the results?

   **Important Note**: If the ordering physician wants to give the family the results by phone: Let the ordering Dr know - before transferring the call - that we have a process:
   - **First**: We make sure the family is in a private space.
   - **Second**: We will have a point person in the room for support.
   - **Third**: A Radiologist will be in the room to answer any Radiology related questions.

3. Radiologist communicates plan to Point Person
4. Communicate results to the family
5. Debrief
Point Person Checklist

Evaluation Stage Checklist
- Where is family from?
- Siblings?
- Other appointments?
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Alert and Communication Stage Checklist:
- Gather information from Huddle group
- What is the next course of action with this patient?
- Will this patient require other scans?
- Will this patient be admitted?
- Will this patient and family be visited by other departments/MD?
- Who will be speaking to the family? (See Scripts)
- How soon until we have more answers for the family?
- When will the Huddle Team meet again?
- Provide family with private space (see Script "A")
- Place sign on door to denoting family's presence.
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- Ask family if other accommodations need to be made.
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