MidCentral Health

A division of MidCentral District Health Board providing specialist health and disability services

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Dear Andrea

Official Information Act (OIA) Request

Your OIA request of 27 February 2017 is acknowledged and has been passed on to me for response. You have requested the following information.

- **A copy of all relevant processes and policies on how a vulnerable (elderly) patient who is admitted to a ward is informed on adverse, significantly mentally and emotionally harmful news, such as a terminal life diagnosis or other information.**

  We enclose a copy of the guideline titled "Delivering Sensitive / Bad News". We have no other policies or process documents solely related to this topic.

- **What is the criteria for ordering a CT scan?**

  MidCentral Health has no set criteria regarding this matter. Determination of the need for a CT scan will be considered on a case by case basis dependent upon the clinical assessment of the patient.

- **A copy of all relevant processes and policies on what actions and/or follow up is to happen after and a point of difference and/or anomaly/abnormal result, slight to significant, is detected on an x-ray for a patient with a known previous history of aggressive cancer.**

  MidCentral Health has no set policies or processes regarding this matter. Determination of the appropriate action and/or follow up will be considered on a case by case basis dependent upon the clinical assessment of the patient.

- **What is the criteria for ordering a pathology test for cancer blood markers after a point of difference and/or anomaly and abnormal point of difference, slight to significant, is detected in an x-ray.**

  MidCentral Health has no set criteria regarding this matter. Determination of appropriate action and/or follow up will be considered on a case by case basis dependent upon the clinical assessment of the patient.

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- **What is the criteria for ordering a pathology test and/or CT scan and/or relevant testing responses for cancer blood markers after an ED admission where the cause of the symptoms that caused the admission cannot be determined conclusively.**

  MidCentral Health has no set criteria regarding this matter. Determination of appropriate diagnostic testing will be considered on a case by case basis dependent upon the clinical assessment of the patient.

If you have any further questions regarding this response, please do not hesitate to contact me.

Yours sincerely

Lyn Horgan
Operations Director
Hospital Services

Encl

MIDCENTRAL HEALTH

GUIDELINE

DELIVERING SENSITIVE / BAD NEWS	
Applicable to: **Regional Cancer Treatment Service, Surgical Services**	Issued by: **Regional Cancer Treatment Service**
	Contact: **Colorectal Cancer Care Nursing Service**

1. PURPOSE

A patient/carer focused approach to delivering sensitive/bad news, ensuring information is delivered in a sensitive and supportive manner enabling understanding by the patient/ family/whanau/carer.

2. SCOPE

Applies to all Health Professionals in the Regional Cancer Treatment Service/Surgical Services involved with the delivery of sensitive/bad news.

3. ROLES & RESPONSIBILITIES

The consultant has lead responsibility for delivery of sensitive/bad news.
All Health Professionals involved with the delivery of sensitive/bad news should follow the guidelines as outlined.

4. PREREQUISITES

Designate a safe environment that allows privacy.
Provision of time, (adequate) to deliver news.
Appropriate participants/people have been contacted and are available and present.

5. GUIDELINE

Staff Health and Safety

- Identify hazards to staff health and safety that could arise when undertaking the activity.
- Ensure appropriately experienced personnel are available to assist.

Patient Safety

- Be aware of cultural, spiritual, physical, and special needs requirements.
- The patient should be given the opportunity and time to arrange a nominated support person.
- The patients' rights to privacy and dignity will be observed at all times.

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Key Principles

- The patient's rights to privacy and dignity will be observed at all times.
- Delivering sensitive/bad news is a communication that will be between the patient and an appropriately trained professional with knowledge of the guideline.
- The consultant or their delegate is responsible for ensuring that sensitive/bad news delivered to the patient is clearly documented in their clinical file.
- The patient should be given the opportunity and time to arrange a nominated support person they wish to have with them during the delivering of sensitive/bad news.
- Offer the services of a chaplain or spiritual support person.
- The discussion will be conducted using terms and language appropriate to the patient's understanding, and where appropriate interpreters will be used. (Refer MDHB-2642 and MDHB-4723).
- Patient confidentiality will be maintained. Information will only be given to next of kin or other, if the patient agrees.
- Patients receiving sensitive/bad news, may be offered written information to support what has been said.
- Once the patient has been given the sensitive/bad news, tell them their General Practitioner and other relevant Health Professionals will be informed.

Process

"S P I K E S" - a Six- Step Protocol for Delivering Bad News

STEP 1: S = SETTING UP the interview (PREPARATION)

Gather necessary information:

- Endeavour to know all the relevant details and be ready to answer questions.
- Does the recipient/patient have special needs? For example cognitively impaired, auditory or visually challenged. If so, identify the implications and allow time to ensure appropriate support is available.
- Check the patient's notes and ensure correct information is available.
- Warn/prepare the person you have some important information for them.
- Use a Warning shot. E.g. "I am afraid it looks more serious than we had hoped".

Arrange for some Privacy - Ensure an appropriate physical setting:

- The patient's wishes should be taken into account in terms of how and where sensitive/bad news is to be delivered.
- Unless absolutely unavoidable the sensitive/bad news should be delivered, face to face by appropriate Health professional.
- If it is necessary to deliver sensitive/bad news by telephone, offer immediate and subsequent support.

- Delivering of sensitive/bad news will take place in an environment that allows privacy.
- Make sure appropriate seating is available e.g. all involved are at a similar level, allowing opportunity for good eye contact.
- Tissues should also be available.

Involve significant others - Who should be present?

- Rather than make assumptions, ask the recipient of sensitive/bad news.
- Give the recipient, whether patient or carer, the opportunity and time to have a relative or friend present.
- There should always be someone present who can stay with the recipient of sensitive/bad news to provide comfort and support afterwards.
- If required an interpreter should be present.

Sit down

- This is a signal that you will not rush
- Try not to have barriers between you and the patient.

Make a connection with the patient: Introductions

- Make sure that everyone is introduced and their role identified.
- The person delivering sensitive/bad news needs to explain who they are, and their role, and to provide opportunity for patient/carer to ask questions and/or raise concerns.
- Making eye contact may be uncomfortable or culturally inappropriate but it can be an important way of establishing rapport.
- Touching the patient on the arm or holding the hand (if the patient is comfortable with this) – is another way of establishing rapport.

Manage time constraints and interruptions

- Ensure you set aside time and alert other staff of your unavailability.
- Set pager and phones to silent – or have someone else attend to them.
- Inform patient of known time constraints or expected interruptions.

STEP 2: P= Assessing the Patients PERCEPTION

Check what is known first

- Before you give out information – ask what patient already knows.
- It is essential to know the patient's/carers current level of understanding in order to give the appropriate information.
- This is also a good way for the person delivering sensitive / bad news to get some understanding of the recipient's knowledge of technical terms, and use of language.
- Be aware that the patient/carer may indicate that they know less than they really do in the hope of more optimistic news.

EXAMPLES:

"It would help me to know what you understand about your illness. How did it all start?"
"What happened next?"
"What did the previous doctors tell you about your illness?"

STEP 3: I= Obtaining the Patients INVITATION

Check how much information is wanted

- Take a patient focused approach.
- Ask the patient/carer, how much information they would like.

EXAMPLE: "Would you like me to give you more detail about your illness?"

- If a preference is expressed not to hear more, it is important to communicate about the opportunity to return for more information later, if they wish.
- They can give permission for you to speak in greater detail to a relative or friend.
- It is important to discuss the plan from there and any follow up arrangements with the recipient of the sensitive/bad news.
- If information is given in chunks, becoming gradually more specific, and allowing for feedback (chunking and checking) the person can more easily indicate when they have sufficient information.

STEP 4: K= Giving KNOWLEDGE and information to the patient

- ***Use a Warning shot.*** "I am afraid it looks more serious than we had hoped".
- Use non medical words and terms. Be clear, simple, avoid jargon.
- Avoid excessive bluntness. Give information in small chunks – check patients understanding.
- Avoid phases such as 'there is nothing more we can do' – there are often other therapeutic goals such as good pain control and symptom relief.

STEP 5: E= Addressing the patient's EMOTIONS with empathic responses.

- Observe and listen for emotions. Listen to concerns and allow expression of feelings: If someone is preoccupied with undisclosed concerns, this may hamper listening.
- Identify the emotion. Be aware of body language and facial expression.
- Allow silence (time for the person to process information and ask some questions).
- Identify the reason for the emotion. Elicit concerns "What are the main things that you are worried about?'
- Avoid premature reassurance.
- Be honest.
- If you are unable to answer a particular question at that time, reassure the patient/support person you find the correct information and someone will get back to them.

STEP 6: S = STRATEGY and Summary

- Summarise information and develop a joint plan with the patient/carer.
- Encourage the patient/carer to write down any concerns they have for further discussion.
- Make sure the patient/carer knows who they can contact with any questions.
- The content of the meeting should be clearly documented, this information must be dated, and the names of those present recorded.
- Ensure General Practitioner (GP) and other Health Professionals involved in care are informed.
- Consideration must be given to who else needs to know about the meeting and what has been discussed, for instance, referral to Chaplain, Psycho-oncology & Social Worker.

6. DEFINITION

Sensitive/bad News: "any information which adversely and seriously affects an individual's view of his or her future".

Health Professional: A person who has completed a course of study in the field of health, as recognised by New Zealand Government Registration Board.

Consultant: Lead health professional.

7. REFERENCES

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Mid Trent Cancer Network (March 2006). Information for Staff. Guidelines for communicating Bad News with Patients and their families.

P. E. Schofield, L. J. Beeney, J. F. Thompson, P. N. Butow, M. H. N. Tattersall & S. M. Dunn. (2001). Hearing the bad news of a cancer diagnosis: The Australian melanoma patient's perspective. Annals of Oncology 12: 365-371.

8. RELATED MDHB DOCUMENTS

MDHB-2642	Interpreter [Policy]
MDHB-4723	Interpreter [Procedure]
MDHB-2009	Statement of Rights for All Persons Who Access MidCentral District Health Board's Health Care Services [Policy]

9. FURTHER INFORMATION/ASSISTANCE

Palliative Care Consultant, Surgical Consultant, Colorectal Cancer Care Nursing Team, Psycho-oncology Team, Social Work Unit, Maori Health Unit, Clinical Quality & Service unit and Charge Nurses ward 29 & 27.

10. APPENDICES

Appendix 1 Flow chart for breaking bad news

11. KEYWORDS

Sensitive, Bad news, Delivering, Communication

Appendix 1

BREAKING BAD NEWS FLOWCHART

1: S = SETTING UP the interview (PREPARATION)

- Gather necessary information
- Arrange for some Privacy - Ensure an appropriate physical setting:
- Involve significant others - Who should be present?
- Sit down.
- Make a connection with the patient. Introductions
- Manage time constraints and interruptions.

2: P= Assessing the Patients PERCEPTION

- Check what is known first. e.g.
  "It would help to know what you understand about your illness – how did it all start?"

3: I= Obtaining the Patients INVITATION

- Check how much information is wanted. Is more information wanted? e.g.
  "Would you like me to give you more detail about your illness?"

4: K = Giving KNOWLEDGE and information to the patient

- ***Use a Warning shot.*** e.g.
  "I am afraid it looks more serious than we had hoped".

5: E = Addressing the patient's EMOTIONS with empathic responses.

- Observe and listen for emotions.

6: S = STRATEGY and Summary

- Summarise information and develop a joint plan with the patient/carer.