

Topic

- Ensuring patients have as much input as they wish into their care has always been a fundamental aspect of good medical practice and as such the Department of Health advocates shared-decision making (ISBN: 13:9780101788120). Recent legal rulings highlight the willingness of the public to hold health services to account should they fail in this regard ([2014] EWCA Civ 822).
- We evaluated the introduction of an anticipatory care plan (ACP) form on both the degree of shared decision-making with multi-morbid patients and their families, and the speed at which on-call teams could access this information for timely treatment decisions.

Intervention

- Via a series of small tests of change, we designed an ACP form that documented four key decisions concerning a patient's critical care (Table 1).
- Central to the form was a box recording date of discussion with the patient or next-of-kin. We measured shared decision-making in rates of resuscitation decisions before and after the introduction of the form.

Table 1: The ACP

Problem/diagnosis	Initial assessment		Review of decisions		Review of decisions	
Is the patient for cardiopulmonary resuscitation?	Y	N	Y	N	Y	N
Should this patient receive antibiotics for a new infection?	Y	N	Y	N	Y	N
For HDU/NIV only review with view to escalation?	Y	N	Y	N	Y	N
For consideration of ITU?	Y	N	Y	N	Y	N
Comments:						
Date of patient/NOK discussion?						
Consultant signature:						

Improvement

- As per Table 2 post ACP
- Shared decision making rates with patient and/or family increased by 50%.
 - The time taken to find key information was less than 10 seconds in the majority of cases.

Table 2: Results

*DNAR Do not attempt resuscitation

	Pre - ACP	Post – ACP
DNAR* discussion with the patient	2%	36%
DNAR discussion with the patient's family	58%	50%
DNAR discussion with the patient and/or family	60%	90% (some discussed with both)
Time taken to find all key information in then case notes	42% took 5-10 minutes 22% took over 20 minutes	94% took less than 10 seconds

Discussion

- The introduction of an ACP form encouraged shared decision making and facilitated out-of-hour assessments.
- The presence of the form provided a forcing function that triggered more discussions.
- The form is now being implemented throughout the Medicine of the Elderly and Stroke wards.