No Decision About Me Without Me

Keir S, Todd A, Visvanathan A, Burton T

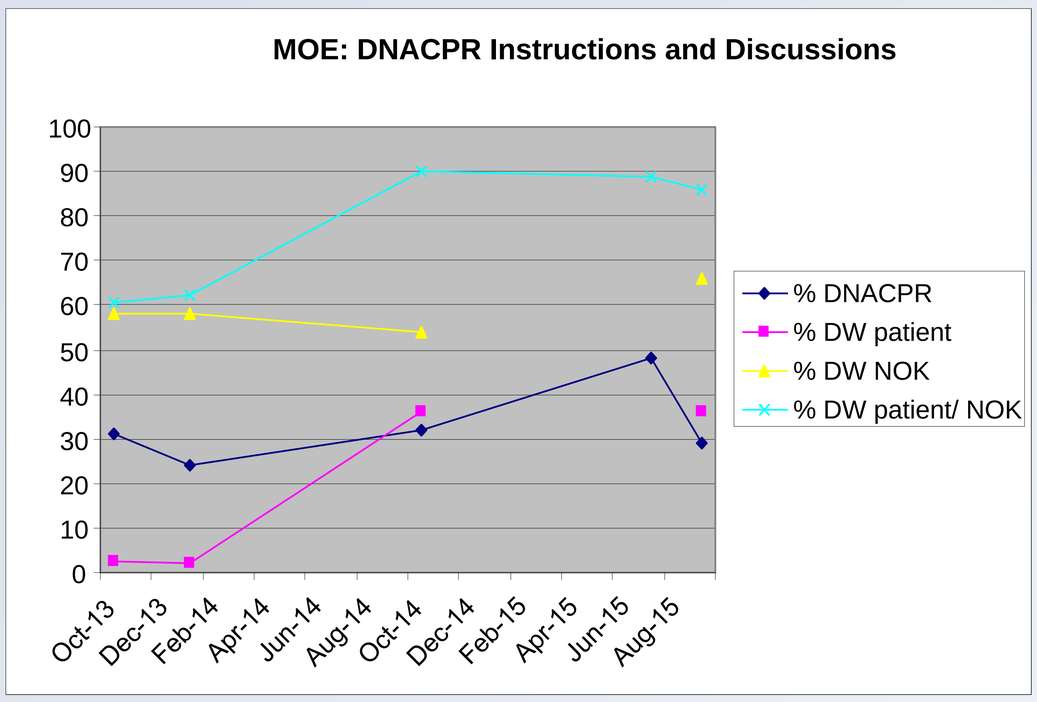
Western General Hospital, Edinburgh

Problem

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 UK Department of Health advocates shared-decision making (ISBN: 13:9780101788120). In spite of this, there remains a reluctance on the part of some health professionals to engage in this process. Recent UK legal rulings highlight the willingness of the public to hold health services to account should they fail in this regard ([2014] EWCA Civ 822).

Assessment and Analysis

- Across eight acute assessment and rehabilitation Medicine for the Elderly (MOE) wards, we looked at critical decision-making, including whether to resuscitate or not.
- We found decisions were frequently being made without the involvement of the patient or if relevant, their next of kin (NOK). We performed a baseline audit to assess the size of the problem.



Measurement of Improvement

- The percentage of patients with a DNACPR form present remained around 29% but rates of discussion increased from 61% to 86% with reliability over the last 3 audit cycles.
- Cardiac arrest calls remained low.
- Most patients had opinions re future wishes and most did not find discussion distressing.

Intervention

We aimed to change the mindset of our teams from the status quo ('It's our decision to make', 'it might cause distress') to a more inclusive shared decision-making approach.

- We used patient stories, shared our baseline data and strategy for improvement at our directorate multi-disciplinary learning meetings.
- Via a series of small tests of change we developed an anticipatory care plan (ACP) that documented four key decisions concerning a patient's critical care. Central to the form was a box recording date of discussion with the patient or NOK and space for multiple reviews on the same page.
- We analysed the effect of discussions on a random selection of patients and shared these data.
- We audited the use of DNACPR forms on five separate occasions whilst implementing 4 cycles of PDSA with the ACP form. and fed back these data.
- We analysed rates of cardiac arrest calls across MOE.

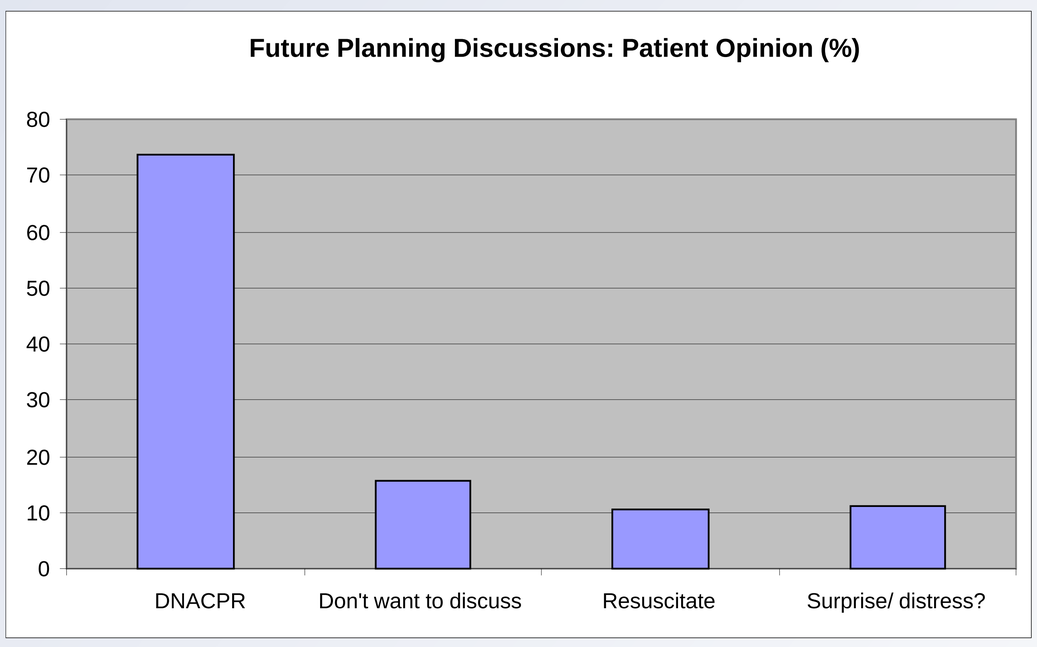
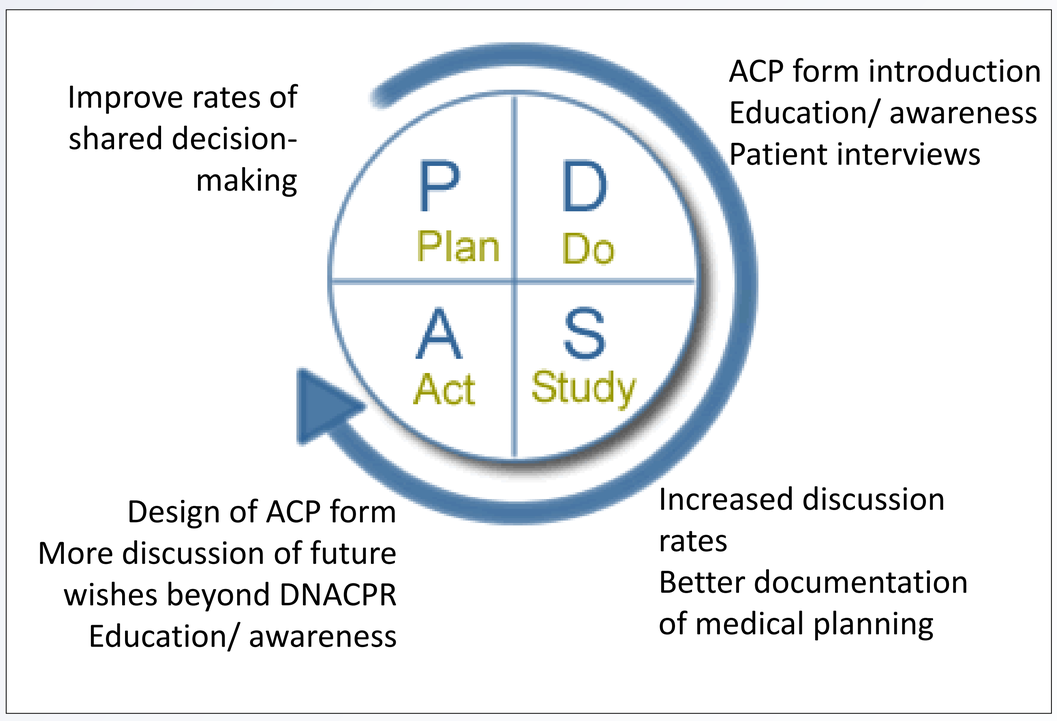


Figure 1. Anticipatory Planning Form

Plan	Initial	Review	Review
For CPR?	Y /N	Y /N	Y /N
For antibiotics	Y /N	Y /N	Y /N
Consider ITU?	Y /N	Y /N	Y /N
Consider HDU?	Y /N	Y /N	Y /N
Comments			
Date of discussion			
Signature			



Effects of Change

- The rates of shared decision-making have increased and been sustained at high levels, improving our patient-centred approach.
- This has brought our practice into line with UK policy.

Lessons Learnt

- There remain some health professionals who prefer not to be prescriptive with anticipatory plans and to avoid anticipatory discussions with patients/ next of kin unless essential.
- It was unusual to be able to address all relevant facets of anticipatory planning in a single discussion.
- There needs to be time built in to patient-care to cater for multiple discussions.
- Staff need training on how to facilitate anticipatory planning discussions.

Message

- Change of culture for the better can be done and sustained.
- Shared decision-making is satisfying to engage in as a health professional because you know you are acting according to the patient's wishes.
- Patients/ carers have the knowledge they are at the heart of the process.
- There is a reduced likelihood of dissatisfaction with care due to miscommunication.