Evaluation of the ACP process in a demonstration site in North Ayrshire

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Impact on self-reported behaviours of individual staff with specific completion of ACP documentation

It was evident that some staff prioritised ACP more than the others. For those who had experienced a positive outcome with implementing ACPs this motivated further use of the document.

The reasons given were dependent on individual circumstances and seemed to relate to relatively isolated cases. Other comments from care home staff hinted at more institutional barriers including:

“The ACP is not classed as a mandatory plan so it is not included in the admission documentation”

Care home staff could readily identify parts of the document which either were or were not regularly completed such as:

“The ‘likely prognosis’ box often gets left. I don’t think nurses feel that is their responsibility.”

The part most often omitted by community nurses was the DNACPR section. Reasons given included staff restlessness, fear of making a mistake and the fact that this is the one part of the form which is often completed by someone outside the nursing team (the CP). Interestingly the CP also identified DNACPR as the aspect that was most likely to be missed:

“That is the hardest question to know when to discuss. It can get put off for various reasons. It is sometimes left until the professional perceives that the patient is “ready” to contemplate not having resuscitation.”

All of the respondents recognised the seriousness of disregarding an individual’s documented decision but they found it relatively easy to disregard if an ACP was not acted upon. The examples they cited tended to involve an admission to hospital (or some other medical intervention) near the end of life.

Impact on outcomes for individual patients

The final part of each interview asked about examples of cases where ACP was either successful (in terms of honouring a resident’s end of life wishes) or unsuccessful. Many of the respondents provided numerous examples of where having an ACP to document the patient’s preferences was key to ensuring their care and end of life wishes were respected and achieved. Respondents gave reasons for why an ACP might not be acted on in Table 2.


References: