Improving decision making and documentation of resuscitation and ceiling of treatment decisions.

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Background
Our Trust had been using a ‘Do not attempt cardiopulmonary resuscitation’ (DNACPR) form to document CPR decisions. However CPR is at the end of a spectrum of treatment options and often no ceiling of treatment decision is documented. This can lead to inappropriate treatments without benefit, or lack of escalation of treatment when this is appropriate.

Aim
To improve decision making and documentation of resuscitation and ceiling of treatment decisions, in line with the recent NCEPOD report.

Method
Ceiling of treatment (COT) form designed and trialled on one ward, adapted with involvement of the multi-disciplinary team. Rolled out to five wards (the older persons unit, OPU) and piloted for four weeks. Used alongside existing DNACPR form.

Documentation increased (see graph). Survey of juniors showed 62.5% had seen the ceiling of treatment form, and 100% had found it useful on their on-call shifts.
Generally positive feedback but reluctance at having two forms (COT and DNACPR form).

Working group set up with representation from acute medicine, elderly care, ICU, resuscitation department, and end of life care specialist. Combined ceiling of treatment and resuscitation form designed, including a decision making framework.

Approval gained from the legal department, governance committee, resuscitation committee, all staff groups in the OPU and heads of all departments, incorporating small changes.

Two OPU wards volunteered for pilot. Combined form piloted in these two wards for two weeks without DNACPR forms. Positive feedback from all staff.

Results
Documentation of ceiling of treatment decisions rose from 30% to 57% after the first pilot and to 90% after the second. Resuscitation decisions were documented in 68%, then 74% then 90% respectively.

Agreement for trust wide launch, and withdrawal of previous DNACPR form. All departments made aware of change, form incorporated into junior doctors induction, changes announced and discussed at medical grand round. Trust wide launch August 2012.

Conclusions
Using the combined resuscitation and ceiling of treatment form increased decision making and documentation of escalation plans in the event of deterioration, ensuring patients received the appropriate level of care. This form has now been adopted trust wide, resulting in a change in practice to improve patient care.

Next steps
A trust wide audit of the new combined form is planned across all departments, and any further improvements will be incorporated according feedback, including input from patients and carers. Discussions have started about how to facilitate transfer of resuscitation and ceiling of treatment information across healthcare boundaries and into the community.