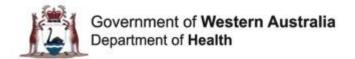
# CPR decision-making from black dot to gold star

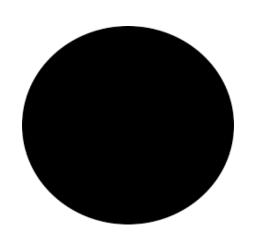
#### **Dr Nicholas Waldron**

Geriatrician / HOD – Armadale Health Service Clinical Lead - WA Health Falls Prevention Network Senior Lecturer – Notre Dame University



### **NFR**

### "Goals of care"





## Pathways to Death



## My job = managing uncertainty



# The Shadow..





#### **Doctors Die Differently**

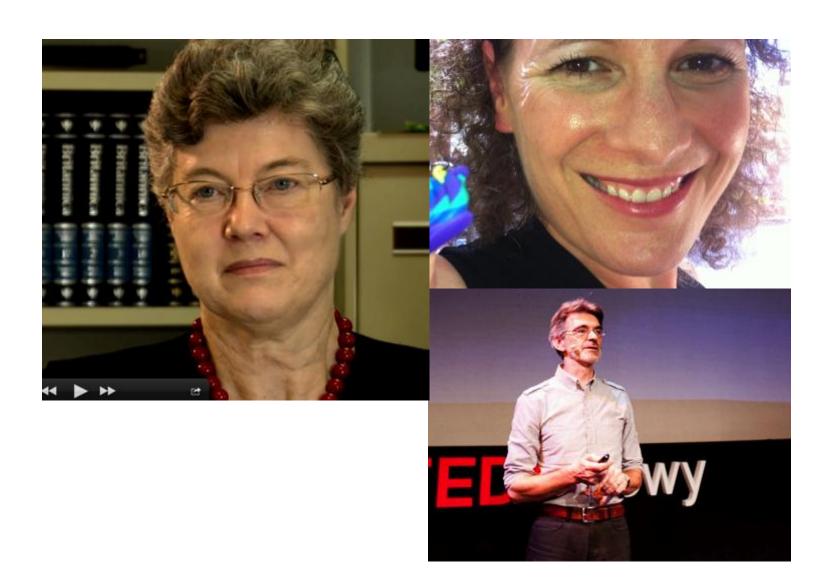
"Careers in medicine have taught them the limits of treatment and the need to plan for the end"

## Some patients may not be heard. .

"she does not want us to do anything for her to get better" she says "I want to die", "I have made up my mind I don't want to live"

"I don't want to go against the doctors or else they won't give me medication when I'm in pain".

## Why the video's . . .



The development of a multi-faceted intervention to improve CPR decision-making

#### Mixed - Method

- Focus groups
- Literature review
- Key opinion leaders
- Health Networks

Problem	Intervention
Culture favouring – intervention, inertia, ignorance	Consultant leadership + ownership
Inadequate Policies	Network - Model – CMO
Insufficient training to make CPR decisions	System education – Video based workshops
System barriers	Goals of care – receive, in hospital, post discharge
Patient barrier's	Education + communication skill
Support / emotional barriers	Debriefing, defining roles, mentoring, kindness

## How can they be used?

# Advance CPR decision-making in the hospital setting

A facilitator's guide

Version 1

Problem	Intervention
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#### **Results**

Characteristics comparable

90% had goals of care

Baseline CPR decisions stable - 33%

#### Results

	Baseline	Usual	Full
NFR	44%	47%	77%
Met calls	81%	71%	77%
D/W patient	28%	22%	50%
Patient decision	11%	7%	19%





#### "Goals of care"

Small %
Escalation plan
CPR decision – first step
Done just before death
By non-treating team
Emphases what "won't be
done"
Sub-optimal care

Misses patient preferences

Large %
Escalation plan
CPR decision – last step
Done routinely when well
Treating team perform
Emphases what "will be
done"
Consensus care

Seeks patients preferences
Breaks the ICE

### What do we anticipate . . .

- System-wide approach to clinician education about Advance CPR decision-making in hospitals.
- Statewide documentation for CPR decision-making and care escalation using "goals of care" approach.