How Decision Aids Can Promote Person-Centered Care for Serious Illness

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The Coalition to Transform Advanced Care (C-TAC) is dedicated to the idea that all Americans living with serious illness receive high-quality, person-centered care that aligns with their values and honors their dignity.
Knowing and Honoring Preferences and Decisions

Person-Centered Care

Advance Care Planning
Preparation for future healthcare decisions

Person-Centered Decision Making

Shared Decision Making in Serious Illness
Making current healthcare decisions

Respecting Choices®
PERSON-CENTERED CARE
The Desired Outcome: Person-Centered Care

- “Care that is respectful of and responsive to individual patient preferences, needs, and values”
- “Care that ensures patient’s values guide all clinical decisions”


Person-centered decision making (PCDM) is the most important attribute of person-centered care. Includes active engagement of the individual when decisions must be made.

Mechanisms to achieve PCDM:
- Advance Care Planning – future decisions
- Shared Decision Making in Serious Illness – current decisions

### SDMSI Versus Common Approach to Decision Making: What’s Different?

<table>
<thead>
<tr>
<th>Common Approach</th>
<th>SDMSI Approach</th>
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<tbody>
<tr>
<td>• First, identify all options.</td>
<td>• First, identify and understand patient’s priorities and goals for care.</td>
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<tr>
<td>• Present options for intervention to patient.</td>
<td>• Present options consistent with patient’s goals.</td>
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<tr>
<td>– FAQs</td>
<td>• Frame “benefits and burdens” in context of patient’s views of unacceptable outcomes.</td>
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<tr>
<td>– Risk: Benefit statistics</td>
<td>• Explore non-intervention as a viable option.</td>
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<tr>
<td>• Work with patient to make a treatment decision.</td>
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“...shared decision making respects autonomy and builds relationships based on respect for and curiosity about the patient as a person...relies on fundamental communication skills—developing trust, understanding, empathy, and patient enablement to facilitate decision making.”

Decision Aid Development

Phase I
Development

Phase II
Certification Application

Phase III
Program Integration

Phase IV
Dissemination and Evaluation
Decision Aid Development

Standard Operating Procedure (SOP)

• Guiding principles
• Common definitions and terms
• General policy standards
• Standard DA development procedure
• Standard templates and forms
• Research and references
Phase I Development

Internal subject matter experts

• Identify treatment decision
• Target population
• Create draft DA
• Internal team feedback, review, revise

External subject matter experts

• Patient focus groups
• Clinical experts
• Special interest groups
• Feedback, review, revise
## Cardiopulmonary Resuscitation (CPR) Decision Aid

*For people with serious illness (like heart or lung disease or cancer) facing a decision about attempting CPR.*

What care do you want if your heart and breathing stop? This decision aid will help you consider your options for CPR and your personal values. You may change your choice at any time. Review the information on both sides of this decision aid. Talk with your doctor about what to expect.

<table>
<thead>
<tr>
<th>What are your options?</th>
<th>Attempt CPR</th>
<th>Do Not Attempt CPR</th>
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</table>
| **What is it?**         | CPR is done for you by someone else and can include:  
  - Pressing on your chest  
  - A tube to help you breathe  
  - Electrical shock and drugs | CPR is not provided.  
  You will receive other care to treat your symptoms and keep you comfortable. |
| **What does it do?**    | CPR attempts to restart your heart and breathing. | Not attempting CPR allows a natural death. |
| **What are the benefits?** | CPR may restart your heart and breathing.  
*Review the facts (on the back) about the chances of CPR restarting your heart and breathing.* | Not attempting CPR avoids machines.  
Not attempting CPR avoids the burdens of CPR. |
| **What are the short-term burdens?** | You will need to be on a breathing machine for a time.  
You will need to be in the intensive care unit (ICU).  
You may have damaged or broken ribs. | You will die. |
| **What are the long-term burdens?** | You may have mild to severe brain damage.  
You may no longer be able to live alone. | |
| **Which option best matches your values?** | **Your Values** | **Your Values** |
| You want the chance to live. | You prefer a natural death. |
| You are willing to accept the fact that CPR may not restart your heart and breathing. | You are unwilling to accept the fact that CPR may not restart your heart and breathing. |
| You are willing to accept the burdens of CPR. | You are unwilling to accept the burdens of CPR. |

Primary developers: Linda Briggs, MSN, MA, RN, and Sandra Schellinger, MSN, RN, NP-C

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### CPR in the hospital

<table>
<thead>
<tr>
<th>Adults with serious illness who get CPR and live</th>
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<tbody>
<tr>
<td>At most, 15 out of 100 leave the hospital and may live an average of 4 months(^1)</td>
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### CPR outside the hospital

<table>
<thead>
<tr>
<th>Adults living in the community who get CPR and live</th>
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<tbody>
<tr>
<td>5 out of 100 leave the hospital and may live up to 1 year(^2)</td>
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</table>

<table>
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<tr>
<th>Adults living in a residential setting who get CPR and live</th>
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<tbody>
<tr>
<td>2 out of 100 leave the hospital and may live up to 1 year(^2)</td>
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</tbody>
</table>


Questions I have for my doctor after reviewing this CPR information: 

My values most align with:  

- [ ] Attempting CPR  
- [ ] Not attempting CPR
Phase II Certification Application

Internal subject matter experts
- Identify treatment decision
- Target population
- Create draft DA
- Internal team feedback, review, revise

External subject matter experts
- Patient focus groups
- Clinical experts
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Certification Process
- Application
- Revision
- Certification
Phase III Program Integration

- DA webinar and user guide
- Integrate into existing programs
- Additional decision aids
CPR Video
• Team approach
• Time and resources
• Development of content
• Next steps
Questions
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