

Implementing an “Aid to Decision-making Form” (ADF) for the stratification of care in cancer

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Background

During care for cancer patients, life-threatening conditions may suddenly appear turning healthcare choices into tough decisions. When anticipated directives regarding terminal issues are unknown, maximum therapeutic engagement is usually the preferred choice, but is not always the best solution for the patient and his/her relatives. It is therefore essential to anticipate therapeutic strategies*. Until now, no document has met with widespread approval in oncology.

Aims

The present work describes the implementation of an “Aid to Decision-making Form” (ADF) for the stratification of care in cancer inpatients in a large comprehensive cancer center.

Results

The ADF contains information on:

- who filled out the form,
- when and in which circumstances,
- describes the patient’s current clinical status,
- the stratification of care decided,
- and how this decision was shared with the patient.

The form was pilot-tested over 2 months in several units with patients receiving palliative care. Then, it was rapidly extended to the whole hospital. It is now updated at each oncology and palliative care joint staff meeting and systematically included in the patient’s medical record.

Stratification of care (in case a problem occurs)

- Intensive care whatever the problem is
- Intensive care if the problem is able to be quickly resolved
- Maximal care in unit (without CPR, intubation, ...)
- Exclusive palliative care (comfort care)

Critical situations

- Cataclysmic hemorrhage: anticipated prescriptions
- Respiratory distress: anticipated prescriptions

Further Developments

An audit is ongoing on ADF use in the hospital for patients transferred from one bloc of the hospital to an other one.

All items contained in the ADF are analyzed and compared to clinical status of each patient when arriving at the second bloc.

A final assessment of patient clinical evolution is made three months after.

Decision made during this lapse of time are compared to those contained in the ADF

Until now 96 ADF were collected, out of 130 patients eligible for this study, and 300 ADF are expected for complete analysis.

Partial analysis shows that stratification of care and patient’s current clinical status seem to be well described, but traceability of decision sharing with patient and family must be improved.

Methods

Multidisciplinary focus group composed of doctors (oncologists, palliative and supportive care team, intensive care specialists), and senior nurses had worked for 3 months at the beginning of 2015 to design this ADF. The form was then submitted to the Internal Ethics Committee.

Étiquette patient	AIDE DECISIONNELLE
<p>Les éléments présents dans cette fiche sont une AIDE A LA DECISION DE GRADATION DE SOINS et NE constituent PAS une décision médicale irrévocable. Cette fiche doit être remplie après accord du référent et/ou d'un sénior. Cette fiche doit être remplie à chaque nouvelle hospitalisation et/ou en cas de modification de la prise en charge et/ou avant tout transfert (notamment vers Onco ou SSR Chevilly-Larue).</p>	
<p>CETTE FICHE A ETE REMPLIE :</p> <p><input type="checkbox"/> Lors d'une admission le ... / ... / 20...</p> <p><input type="checkbox"/> En situation d'urgence le ... / ... / 20...</p> <p><input type="checkbox"/> Pour un transfert le ... / ... / 20...</p>	
<p>PAR : <input type="checkbox"/> Médecin référent (Nom)</p> <p><input type="checkbox"/> Autre médecin (Nom)</p> <p><input type="checkbox"/> Discussion collégiale, le ... / ... / 20... (cette décision collégiale prévaut dès lors sur la décision en urgence)</p> <p><input type="checkbox"/> Médecin référent (Nom)</p> <p><input type="checkbox"/> Médecin sénior (Nom)</p> <p><input type="checkbox"/> Médecin de l'EMASP (Nom)</p> <p><input type="checkbox"/> Interne ; <input type="checkbox"/> Cadre infirmier ; <input type="checkbox"/> IDEC ; <input type="checkbox"/> Infirmier(s) ; <input type="checkbox"/> Aide(s) soignant(s) ;</p> <p><input type="checkbox"/> Autre(s) (Nom)</p>	
<p>DESCRIPTION CLINIQUE :</p> <p>1- Etat général HABITUEL, au cours du dernier mois (OMS) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4</p> <p>2- Situation thérapeutique actuelle :</p> <p><input type="checkbox"/> Statut indéterminé, en cours d'exploration</p> <p><input type="checkbox"/> Traitement adjuvant / néoadjuvant</p> <p><input type="checkbox"/> Traitement en phase métastatique – N° lignes chimio ...</p> <p><input type="checkbox"/> Inclusion dans un essai clinique (allo astréinte DITEP si patient suivi par le DITEP)</p> <p><input type="checkbox"/> Intervalle thérapeutique programmé (surveillance)</p> <p><input type="checkbox"/> Intervalle thérapeutique non programmé (toxicité, AEG...)</p> <p><input type="checkbox"/> Soins de confort exclusifs</p> <p>3- Patient pris en charge par l'EMASP <input type="checkbox"/> OUI <input type="checkbox"/> NON</p>	
<p>GRADATION DES SOINS En cas de dégradation clinique :</p> <p><input type="checkbox"/> Réanimation++ quelle que soit l'indication.</p> <p><input type="checkbox"/> Réanimation à discuter (réa + onco) selon le type d'atteinte aiguë (réversible ou non)</p> <p><input type="checkbox"/> Soins maximaux en salle</p> <p><input type="checkbox"/> Soins de confort exclusifs</p> <p>EXISTENCE DE SITUATIONS A RISQUE :</p> <p><input type="checkbox"/> Hémorragie cataclysmique : CAT anticipée (RI, bloc...) : Prescriptions anticipées <input type="checkbox"/> OUI <input type="checkbox"/> NON</p> <p><input type="checkbox"/> Détresse respiratoire asphyxiante : Trachéo si obstruction laryngée <input type="checkbox"/> OUI <input type="checkbox"/> NON Prescriptions anticipées <input type="checkbox"/> OUI <input type="checkbox"/> NON</p>	
<p>LE PATIENT ET LES PROCHES</p> <p>DECISION DISCUTEE <input type="checkbox"/> OUI <input type="checkbox"/> NON</p> <p>Si oui AVEC : <input type="checkbox"/> Le patient</p> <p><input type="checkbox"/> La personne de confiance (Nom)</p> <p><input type="checkbox"/> Proches (le(s)quel(s)?</p> <p>LE ... / ... / 20... PAR Nom</p> <p>EXISTE-T-IL DES DIRECTIVES ANTICIPÉES <input type="checkbox"/> OUI <input type="checkbox"/> NON OÙ ?</p>	

Conclusion

The ADF clarifies medical decisions in complex situations, promotes a multidisciplinary approach, facilitates the traceability of the stratification of care and ensures that the information imparted to the patient and his/her relatives is documented.

First results of an ongoing audit show that this form is well accepted and fulfilled. Prospective evaluation will also compare the decisions made in emergency situations to those recommended by the ADF.