2007

The Refusal of Care Algorithm: Communication is Key to Safety

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Introduction /Background/Challenge:

The nursing shortage and increased patient acuity can lead to bedside nurses relying on each other for decision making or rapid independent decisions. Additionally, families have become more knowledgeable and involved with the child's care and feel their input is also important. This can create a chain of events where physicians are excluded in the communication process which could adversely affect patient safety. Concerns arise when choices are made by families that seem contrary to medical care personnel's perception of the best interest of the child or when members of the healthcare team have unreasonable expectations. This hospital recognized the need to assist nurses with a concise communication pathway and developed a refusal of care algorithm to be utilized when a parent or legal guardian refuses care for their child. Review of the literature identified consensus with parental decision making when dealing with end of life in the pediatric patient yet there is very little research pertaining to other inpatient diagnoses and the rights of parents to refuse care for their child.

Initiative, project or approach:

The refusal of care algorithm was developed and presented to interdisciplinary team members with identified goals of improving education, communication, and documentation. Identified was the need to print the algorithm on bright color paper in order to catch the eye as well as to indicate not to include it in the medical record. After receiving approval from the various hospital committees and Risk Management, staff education was performed. The algorithm provides a concise pathway with provider delineation should care be refused for a child.

Results/outcomes:

Education was completed in January 2007. In February 2007, the first two completed algorithms were submitted and retrospective chart review was performed. Initial findings demonstrated care was not allowed after RN education, allowed 20% of the time after midlevel education, 20% of the time after MD involvement, and 60% of the time care was not allowed. Documentation results showed bedside RNs did not document, ARNPS documented 40% of the time and MDs did not document. This review demonstrated a need for additional education which was performed and any needed staff education performed concurrently with record review. Nurses documented thoroughly on the algorithm form yet the medical records demonstrated a need for additional education pertaining to documentation of family education and their understanding. Additional education was performed using multiple methods: email, staff meetings and one on one communication.
To date 35 algorithms have been submitted with data demonstrating increasing compliance in documentation by all caregivers. Results also show education is effective in allowing care with 57% of patients/families allowing care after various levels of provider education.

Future of the initiative:

The first phase of this project was rolled out in the Pediatric and PICU inpatient areas in January 2007. Each step of the Nursing process (plan, do check, act) has been a dynamic process resulting in revisions and additional education. The second phase will go live in January 2008 in the Pediatric Emergency Room. Revisions to the algorithm form have been made in order to meet specific departmental needs.

Key lessons learned:

Identifying and providing education is performed initially by the bedside RN. If the family still refuses care, the suggestion is to involve higher levels of patient care providers for additional education. Retrospective chart review indicates documentation on the medical record remains the greatest need for improvement by all members of the health care team. This innovative algorithm approach to guiding the nurse has shown to not only be useful but greatly appreciated by staff.

Background

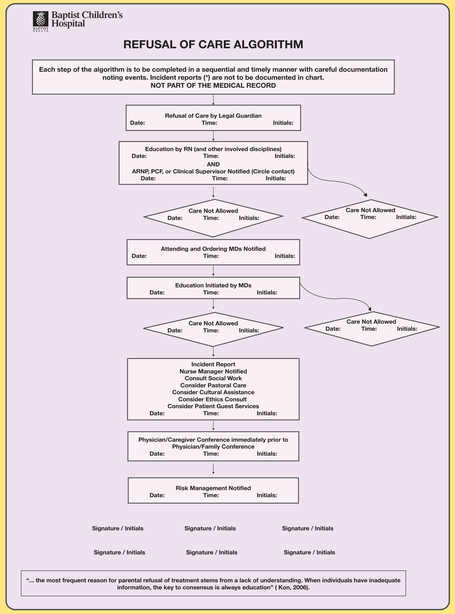
Why would this algorithm be beneficial to patient safety?
2008 Joint Commission National Patient Safety Goals:

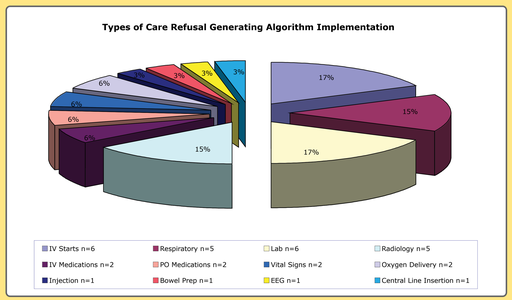
- Goal 2: Improve the effectiveness of communication among caregivers
- Goal 13: Encourage patients' active involvement in their own care as a patient safety strategy

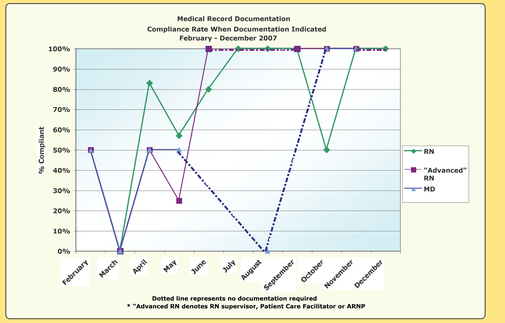
Ineffective communication leads to serious adverse patient safety outcomes.

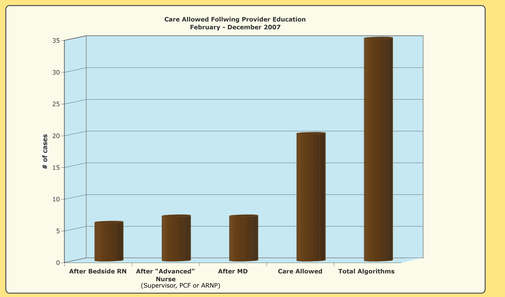
- The American Academy of Pediatrics (2007) states health care errors affects 1 in 10 patients.
- Parents are encouraged to be involved, empowered:
- Speak up if you have questions or concerns
- Keep a list of all medications
- Talk with the doctor and other members of your health care team about your options if you need hospital care
- Make sure you understand what will happen if you need surgery

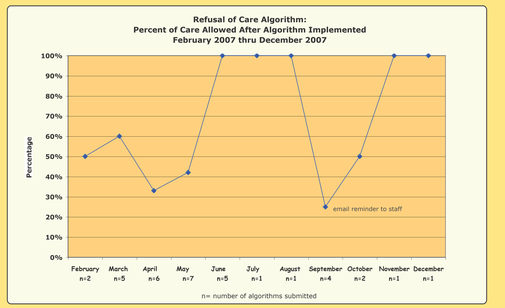
Our Journey











Success:

Implementation of this algorithm has resulted in 57% of the families agreeing to care after initial refusal! Communication and education are key to safety!

"…The most frequent reason for parental refusal of treatment stems from a lack of understanding. When individuals have inadequate information, the key to consensus is always education" (Kon, 2006).

For additional information please contact:
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