

Deciding right

ACT & ADOPT (Dissemination and implementation checklist) v3

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|---|-----------------|---|---|-----------------------|
| A | Acknowledgement | & | A | Adoption |
| C | Communication | | D | Dissemination |
| T | Tactics | | O | Organisational issues |
| | | | P | Policy revision |
| | | | T | Training |

Regional Actions

| Key action | | Comment | ✓ |
|------------|------------------------|---|---|
| A | Acknowledgement | <p>Identify a single organisation covering the geographical area who understands the need for <i>Deciding right</i> and is willing to promote its dissemination and implementation in that area</p> <p>Negotiate for that organisation to formally acknowledge <i>Deciding right</i></p> <p>Acknowledge that <i>Deciding right</i> integrates <u>existing</u> national frameworks to empower patients and professionals to make care decisions in advance, simplifying organisational adherence to national and local requirements.</p> | |
| C | Communication | Establish an implementation group of key groups who understand the need for <i>Deciding right</i> (eg. NHS Trust CEOs, resuscitation officers, critical care, paediatricians, main medical and surgical specialties, social care, learning disability, patient advisory groups, nursing homes, legal representatives) | |
| T | Tactics | <p>Agree the following:</p> <ul style="list-style-type: none"> - funding and launch date (professional and public) and - use of <i>Deciding right</i> images and website. - sending leaflets and letter to all key health and social care organisations and individuals - appointment of implementation leads | |

Organisational Adoption *

| Key action | | Comment | ✓ |
|------------|------------------------------|--|---|
| A | Adoption | <p>Formal adoption of <i>Deciding right</i> by lead group (eg. Trust board)</p> <p>Consideration of making <i>Deciding right</i> a health target</p> | |
| D | Dissemination | <p>Presentations to all clinical and organisation groups eg. <u>all</u> clinical directorates/ groups; plus clinical policy group, nursing groups, communication group, quality assurance group, ethics advisory group, resuscitation committee, patient advisory panel, education and training</p> <p>Meetings with key individuals, eg. administrative, legal and ethics leads</p> | |
| O | Organisational issues | Identify how <i>Deciding right</i> will impact on supplies (for new forms), print strategy (ability to print in colour), | |
| P | Policy revision | Identify which policies can be modified (eg. consent), shortened (eg. CPR) or replaced (eg. MCA) | |
| T | Training | <p>Identify the existing training gaps and overlap</p> <p>Consider bringing using <i>Deciding right</i> as a descriptor for all training relating to MCA, advance care planning and advance CPR decisions</p> <p>Consider link to mandatory training</p> | |

*Detailed organisational checklist overleaf

Organisational checklist

| Key action | ✓ |
|--|---|
| Overall management group (eg. Trust board) has formally agreed to adopt <i>Deciding right</i> | |
| Large organisation clinical dissemination list (eg. NHS Trust): <ul style="list-style-type: none"> - clinical policy group - nurse leaders groups - resuscitation committee - critical care and A&E - all clinical directorates (eg. care of the elderly, chaplaincy, ENT, general medicine, gynaecology, maternity, mental health, ophthalmology, musculoskeletal, paediatrics, psychology, social work, general surgery, specialist surgery) - patient advisory group - legal team - education and training teams - IT teams - quality assurance and audit teams | |
| Small to medium size organisation clinical dissemination list (eg. hospice, nursing home, GP practice): <ul style="list-style-type: none"> - clinical management committee or group - policy group; documentation group; education/training group - medical and nursing staff - social worker, psychologist, chaplain - rehabilitation team (physiotherapists, occupational therapists) | |
| Promotion <ul style="list-style-type: none"> - liaise with IT about promoting <i>Deciding right</i> in the organisation's intranet - liaise with communication teams about internal promotion | |
| Teaching and training: <ul style="list-style-type: none"> - explore existing training (MCA, CPR, communication, advance care planning, consent) - identify gaps and overlap - consider using <i>Deciding right</i> badge to re-launch training in a coordinated approach - develop training programme, with some aspects (eg. MCA) made mandatory | |
| DNACPR: <ul style="list-style-type: none"> - ensure resuscitation committee/group have seen and approved the regional form - identify key people in obtaining existing DNACPR form supplies, stop current ordering and reorder new forms from NHS supplies - identify key people in print strategy to discuss ability to print forms in colour - identify key IT people for using writeable pdf forms and how to announce the switch over on the intranet - decide switch over date for DNACPR form - set up printing arrangements for all future copies - ensure regional ambulance service recognises form | |
| Audit <ul style="list-style-type: none"> - consider negotiating a CQUIN target with commissioners - set quarterly targets (eg. Q1 Adoption of the Deciding Right framework; Q2 Development of implementation plan; Q3 Action plan update and review; Q4 Evaluation) | |

Suggested order of implementation

- 1) Changing to a unified DNACPR, introduced through a professional launch (year 1)
- 2) Introducing Emergency health Care Plans (EHCPs) and ADRTs (year 2)
- 3) Enabling better decision-making through a) shared decision making, b) advance care planning and c) implementing the MCA process of best interests (years 3-4)
- 4) Public launch (year 3)
- 5) Consolidation (year 5 onwards)

During these 5 years *Deciding right* will develop greater emphasis on resourcing and enabling patients, professionals and organisations.