

DNACPR: UTILISING POSTER INTERVENTIONS TO IMPROVE COMPLIANCE WITH SCOTTISH GOVERNMENT GUIDANCE

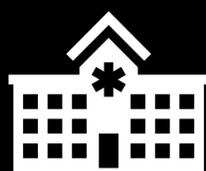
SHAHBAZ AR¹, HERRON J²

BACKGROUND



Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms are a contentious issue in the media, impacting patients and families' views

The Scottish Government's 'CARDIOPULMONARY RESUSCITATION DECISIONS - INTEGRATED ADULT POLICY: GUIDANCE' from 2016 seeks to prevent inappropriate attempts at CPR and subsequent distress to patients and families. It makes various recommendations for clinicians when making these decisions and completing DNACPR forms



KATRINE and FRUIN are two Old Age Psychiatry (OAP) wards in the Vale of Leven Hospital, Alexandria. A previous audit by Herron et al. (2016) identified MULTIPLE INCONSISTENCIES in inpatients' DNACPR documentation

Only 26.7% of patients had forms, compared to 38.0% of OAP patients across Greater Glasgow and Clyde. ALL forms were INCORRECTLY completed (eg no review timeframe)



An audit was designed to further examine and improve these forms.

AIMS

To study current practices in FRUIN and KATRINE wards with regard to DNACPR documentation

To create an INTERVENTION to improve compliance with DNACPR INTEGRATED ADULT POLICY (2016)

METHODS

This was a RETROSPECTIVE, 2-CYCLE audit using both physical and electronic case notes for all patients on KATRINE and FRUIN

Data collected included:

- Demographics
- Presence of functional or organic disorder
- Co-morbidities
- Presence of DNACPR form
- Assessment of form completion



Cycle 1
12/09/22



Interim results presented at MDT



Cycle 2
25/11/22



Poster intervention displayed in ward office

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POSTER INTERVENTION

DNACPR FORMS

- On admission, check EMIS/Portal/KIS for any valid community DNACPRs or advance directives
- Consider signing a form if significant co-morbidities and patient would be unlikely to survive CPR
- Discuss DNACPR forms with patient and family during clerking, if appropriate, and obtain signatures
- Discuss DNACPR status at patient's first MDT
- Ensure form is signed by senior clinician as soon as is practical
- Specify if review date is required on back of form
- File form at front of case notes

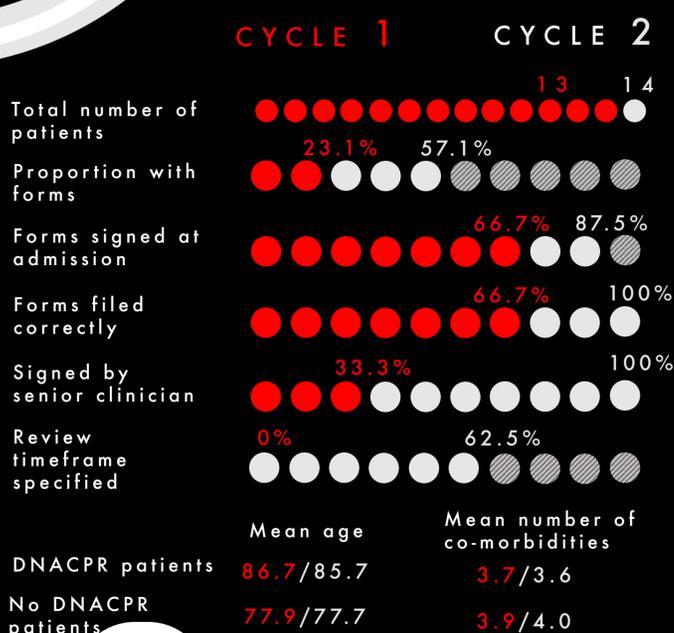


Reference: Healthcare Quality and Improvement Directorate (2016) Cardiopulmonary resuscitation decisions - integrated adult policy: guidance. Available at: Cardiopulmonary resuscitation decisions - integrated adult policy: guidance - gov.scot [www.gov.scot] (Accessed: 20/09/22).

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2022

FINDINGS

The proportion of DNACPR patients with organic diagnoses was 100% in both cycles. 3 patients in cycle 2 had forms signed that were not present in the community



DISCUSSION



The audit revealed various shortcomings in DNACPR practices on both wards



The poster intervention improved various outcomes and compliance with Scottish Government guidance



The age and number of co-morbidities did not vary significantly between patient groups and cycles - other factors may be impacting DNACPR decisions



Notable areas for improvement include specifying review timeframes and signing forms at admission



It is important to ensure medical considerations are at the forefront during OAP admissions. Further audit cycles could aid with such decisions