# Standards for documentation of DNACPR decisions and discussions in a hospice setting – an inpatient audit

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Care and support through terminal illness

## Background

Recent legal cases have clarified requirements for good practice around communication and documentation of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions particularly where it is clear in advance that CPR will not work for a patient. UK good practice guidance for clinicians was updated in 2014 and further revised in 2016[1] to reflect the legal changes, and the NHS Scotland DNACPR integrated adult policy has also been reviewed.

*"There should be a presumption in favour of patient involvement and that there need to be convincing reasons not to involve the patient"*
*"However, it is inappropriate (and therefore not a requirement of article 8) to involve the patient in the process if the clinician considers that to do so is likely to cause the person to suffer physical or psychological harm".*

Tracey vs Cambridge University Hospitals Trust 2014.

## Aims

The aim of this audit was to assess the documentation of DNACPR decisions in a hospice setting in advance of the updated NHS Scotland policy release[2] to highlight the areas where education should be targeted. The audit standards are based on the revised UK good practice guidance[1] and aspects of a measurement framework developed and piloted by Health Improvement Scotland as part of the deteriorating patient work strands[3].

## Methods

- This retrospective audit of 20 hospice inpatient unit (IPU) notes happened over two weeks in July 2016.
- Compliance with 5 documentation standards was assessed for: individualised decision-making; correct DNACPR form completion; patient involvement; and good practice around incapacity.

## Results

There were 12 females and 8 males between the ages of 65-91, of which 14 were admitted from home and 6 from acute hospitals. Cancer was the main diagnosis of 18 of the patients, and half of the sample was admitted for end of life care. 16/20 inpatients already had a DNACPR form on admission.

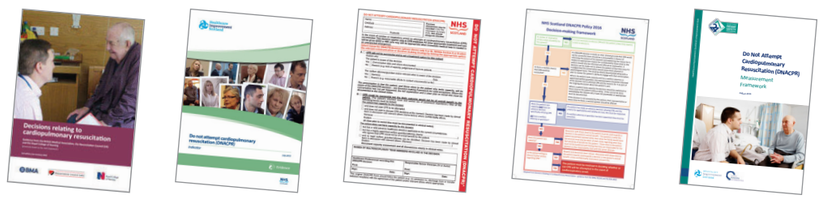
| Standards | Results (n=20) |
|---|---|
| **Standard 1:** 100% of patients admitted to the hospice IPU will have an individualized decision about CPR made in the context of their goals of care. | 100% (20/20) of patients admitted to the hospice IPU had an individualized decision about CPR made in the context of their goals of care. |
| **Standard 2:** 100% of DNACPR forms will be completed correctly in line with National DNACPR policy and UK good practice.<br>• Contain appropriate patient identifiable information<br>• Date of completion<br>• Be signed by appropriate senior clinician within 72hrs<br>• Evidence of valid review timeframe in keeping with current policy<br>• Correct completion of A or B on DNACPR form. | 40% (8/20) of DNACPR forms were completed correctly in line with National DNACPR policy and UK good practice.<br>• 100% (20/20) of DNACPR forms contained appropriate patient identifiable information<br>• 100% (20) of DNACPR forms contained the date of completion<br>• 95% (19) of DNACPR forms were signed by the appropriate senior clinician within 72 hours<br>• 40% (8) of the DNACPR forms were completed with evidence of valid review timeframe<br>– Of the remaining 60% (12), all had a review timeframe documented in a different section of their case notes<br>• 95% (19) of the DNACPR forms contained the correct completion of A or B. |
| **Standard 3:** 100% of case-note entries compliant with case law relating to DNACPR with regards to documentation of involvement of patient. | 100% (20) of case-note entries were compliant with case law relating to DNACPR with regards to documentation of involvement of patient. |
| **Standard 4:** 100% of case-note entries compliant with case law relating to DNACPR with regards to documentation of involvement of those close to the patient who lacks capacity. | The sample population did not contain patients who lacked capacity during the DNACPR discussion. |
| **Standard 5:** Where resuscitation has a reasonable chance of success and the decision is based on the balance of overall benefit for the patient – 100% of decisions should have documented evidence of discussion with patient (or a process in accordance with Adults with Incapacity Act Scotland). | The sample population did not contain any patients for whom resuscitation had a reasonable chance of success. |

## Conclusions

Hospices should be encouraged to audit compliance with the new good practice standards. On this occasion compliance was excellent apart from documentation of a review timeframe on the form itself.

### Areas of good practice

- 100% of patients in the hospice IPU had individualised decisions about CPR (DNACPR decision made or reviewed) upon admission. Patients were aware of all decisions and there was documentation of this in all case notes.




### Areas for improvement / Recommendations

- 60% of the DNACPR forms were not completed correctly in line with National DNACPR policy with lack of evidence of a valid review timeframe on the form itself. However all patients had a review timeframe documented in other sections of the patients' notes. It is noted that the new NHS Scotland DNACPR form[4] will address this issue with clearer prompts around review documentation.

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**References:** 1) Decisions relating to CPR – guidance from the BMA, RCN and RC(UK) 1st revision of 3rd edition June 2016. https://www.resus.org.uk/dnacpr/decisions-relating-to-cpr/. 2) NHS Scotland DNACPR policy – decision-making and communication (2016) http://www.gov.scot/Topics/Health/Quality-Improvement-Performance/peolc/DNACPR. 3) http://www.scottishpatientsafetyprogramme.scot.nhs.uk/Media/Docs/Acute%20Adult%20Care/DNACPR_MeasurementPlan.pdf. 4) http://www.healthcareimprovementscotland.org/our_work/person-centred_care/dnacpr/dnacpr_indicator/information_for_dnacpr_leads.aspx.