

Involving patients & their carers:

A review of DNACPR decisions within a hospice

DNACPR decisions form part of advance care planning at end of life. Several high profile legal cases have championed a change in practice regarding consultation with patients and carers regarding these decisions. Birmingham St Mary's Hospice has monitored documentation of decision making in this area for five years as quality assurance for the hospice. This has allowed us to review a series of audit data to reveal trends.

Key findings

- Increase in the proportion of patients who have a clear rationale recorded for DNACPR from 50% to 93%
- In a significant number of patients, the rationale for the DNACPR decision being made was patient choice (48%)
- Increase in communication with relatives about resuscitation status from 10% in 2013 to 62% in 2017
- Increase in the proportion of patients offered opportunity to be involved in decision making about resuscitation from 35% in 2013 to 100% of those with capacity in 2016
- Increase in documentation of communication with relatives of patients who lack capacity to 100% in 2016 and 2017

Impact on practice

Other hospices may wish to review their documentation surrounding DNACPR. A shared electronic record across different hospice settings has been useful to ensure that

conversations are not replicated, thus avoiding patient distress. EPaCCS (electronic palliative care coordination system) or similar systems may improve this across the whole health economy.

Conclusions

Changes to the legal framework and guidance around DNACPR have increased the number of patients and families involved in DNACPR decision making. It is unclear from this data what

patients and their families thought about their involvement, and whether this was perceived to be beneficial. Further research in this area is encouraged.

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION
Adults aged 16 years and over

Name _____
Address _____
Date of birth _____
NHS number _____

Date of DNACPR decision _____

DO NOT PHOTOCOPIY

In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) are intended. All other appropriate treatment and care will be provided.

1 Does the patient have capacity to make and communicate decisions about CPR?
If "YES" go to box 2 YES / NO

If "NO", are you aware of a valid advance decision refusing CPR which is relevant to the current condition? If "YES" go to box 6 YES / NO

Has a Welfare Attorney been appointed to make decisions on their behalf? YES / NO

Consistent with current law.

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