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Improving Do Not Attempt CPR Documentation - Quality Improvement Project

*M. Taubert*¹

¹Cardiff University, Cardiff, United Kingdom

Background/aims: This quality improvement programme looked at enhancing do not attempt cardiopulmonary resuscitation (DNACPR) documentation in a Welsh National Health Service trust. DNACPR forms are documents issued and signed by doctors, nurses or allied healthcare practitioners, in order to communicate important decisions/discussions widely.

Methods: A full clinical review series of 'Plan Do Study Act' cycles was carried out, evaluating 50 records in each cohort data collection, totalling 100. After completion of the first data collection, a new version national form was adopted; a series of education/workshop events was launched to improve understanding of the all Wales DNACPR policy. Electronic learning resources, such as TalkCPR.com videos & electronic modules, were widely disseminated.

Results: The introduction of a new version national form in phase 2 of the PDSA cycle resulted in clearer documentation of discussions with patients/those close to them, including when & why conversations had *not* taken place. During the second data collection cycle, 100% (N=50) included attempted patient discussion. Of these, 84% (N=42) included an actual documented patient discussion, and 16% (N=8) as unable to hold discussion at the time. Overall, 100% (N=50) of forms recorded attempted discussion with significant others. Where this was not possible (n=17 forms that is, 34%), reasons found included:

N=2, no significant others (& patient had capacity to be included in conversation)

N=12 to be discussed later with significant others-subsequently recorded in all contemporaneous notes as having occurred later, but not always updated on initial DNACPR form

N=3 patients wanted to talk about it *without* significant other/proxy.

Conclusions: Documentation of DNACPR discussions in the trust demonstrably improved in several domains. A central electronic record, accessible by all relevant healthcare providers, patients and carers, may be an effective way of improving further on the current paper-based model, including for future data collection.