Did We Make a Difference? A Re-Audit of DNACPR Policy in NHS Tayside

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Introduction

The Scottish Government published the National DNACPR Integrated Adult Policy in 2010 in an effort to reduce the number of unsuccessful resuscitation attempts[1] by improving DNACPR decision making and communication with patients and their families. CPR is felt to be unsuccessful when it "would not achieve sustainable spontaneous breathing and circulation".[2]

We previously audited and presented NHS Tayside's use of DNACPR forms in 2011 against the 2010 policy. The Scottish Government revised this policy in 2016 in conjunction with a new form[2]. In response to this, we revisited our previous work and completed an audit cycle.

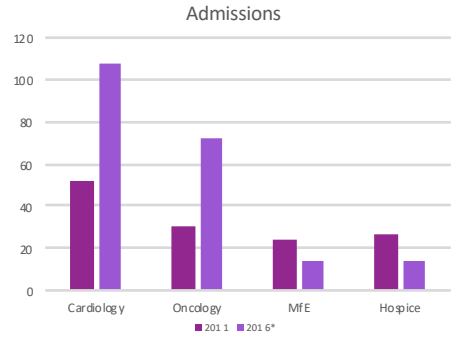
Our aim was to revisit the units previously assessed to determine if our intervention has shown any change in use of national policy.

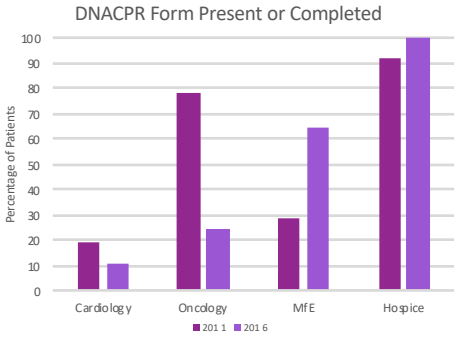
Methods

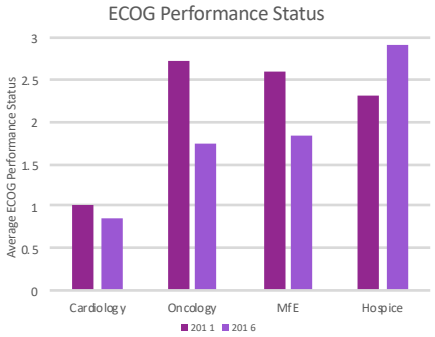
Casenotes and Key Information Summaries (KIS) were retrospectively audited for all patients admitted within a 30-day period to four clinical areas in NHS Tayside: Cardiology and Oncology wards in Ninewells Hospital, Medicine for the Elderly (MFE) Rehabilitation in Perth Royal Infirmary, and Cornhill MacMillan Hospice.

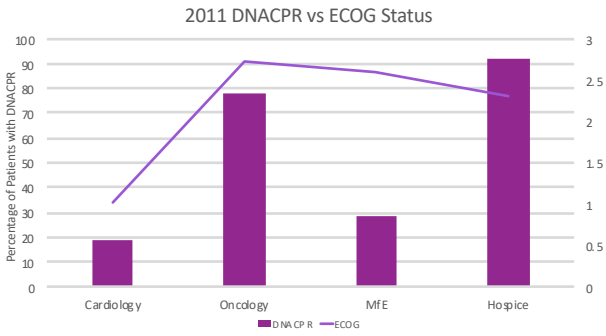
Information gathered included diagnosis, performance status (as determined by the data collector), and presence of DNACPR form at any point during admission. These factors were then compared against data collected from our previous audit in 2011.

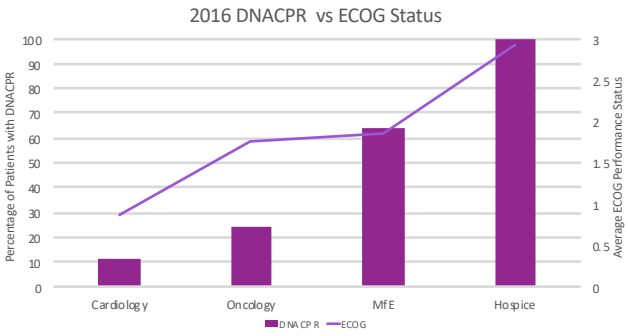
Results











Conclusions

The MfE and Hospice units displayed an improvement in DNACPR implementation over the 5 year period. This could be due to awareness of the updates to the national policy in 2016, but also potentially associated with better recognition of frailty and advanced care planning in these populations.

The other wards audited however, regressed in their implementation of DNACPR forms. This might be due to a doubling of admissions during the 30-day period causing too large a workload to discuss DNACPR. It could also be that fitter patients are being admitted and resuscitation would still be appropriate, as evidenced by the improvement in ECOG performance status. Further assessment and discussion is required to determine the reasonings in these changes.

Associations

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References

1. Do Not Attempt Cardiopulmonary Resuscitation (DNACPR). (2010). Edinburgh: Scottish Government.
2. Do Not Attempt Cardiopulmonary Resuscitation (DNACPR). (2016). 2nd ed. Edinburgh: Scottish Government.