Do Not Attempt CardioPulmonary Resuscitation (DNACPR) compliance audit 2014
Northern Ireland Western Health and Social Care Trust - Altnagelvin Hospital.
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AIM/BACKGROUND
To assess compliance with the Western Health and Social Care Trust Do Not Attempt CardioPulmonary Resuscitation (WHSCT DNACPR) policy and national guidance on DNACPR within Altnagelvin Hospital. The policy was introduced following recommendations from the NCEPOD report ‘Time to Intervene?’ relating to decision making, documentation and communication of DNACPR decisions.

METHOD
A 3 part questionnaire was developed to:
1. assess accurate completion of the DNACPR form.
2. assess documentation of the DNACPR decision in patients’ notes.
3. assess staff knowledge of the DNACPR policy.
Data collected from 21 clinical areas between December 2013 and March 2014.
27 clinical notes were reviewed and 67 staff members were questioned.
Data entered and analysed by the Audit and Governance Department using Excel.

OUTCOME/RESULTS
- Of the 27 completed DNACPR forms 74% were located at the ‘front of patients’ notes as per the policy so could be easily located in the event of an emergency.
- 100% of forms had the patients details and reason for decision documented.
- Some sections of the DNACPR forms were not accurately completed i.e. names of MDT or relatives.
- Documentation of the DNACPR decision in the patients’ notes occurred but needs additional information added such as any communication/discussion with patient and /or next of kin.
- Only 41% of decisions were documented during the acute medical admission.
- Over 70% of cases were discussed with patient and/ or next of kin.
- A significant number of medical staff haven’t read the DNACPR policy; although they have a reasonable understanding of the process.
- Over 60% of staff questioned couldn’t correctly identify those on their ward with a DNACPR decision in place.
- There was uncertainty surrounding the DNACPR decision on discharge of the patient.

CONCLUSION
- Whilst there are areas of good practice, there are also areas of the DNACPR policy that need to be highlighted for improvement e.g. decision as part of the admission process and review of the decision prior to discharge.
- Although the DNACPR decision is made by medical staff, it is important that it is communicated to the patient and/ or next of kin and documented in the patient notes.
- Communication is essential amongst all clinical staff in order to minimise the chance of inappropriate arrest calls and further work needs to be undertaken to ensure this occurs at every handover.
- Training of medical staff and information given during induction/ forums/ via the intranet can help to ensure we are adhering fully to the policy. Additional work needs to be undertaken with DNACPR workshops to address and clarify the issues highlighted in this audit.

REFERENCES
- Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Adult Policy. Western Health and Social Care Trust, December 2012
- “Decisions relating to Cardiopulmonary Resuscitation” October 2007
- Treatment and care towards the end of life: good practice in decision making. General Medical Council, 2010
- NCEPOD Report “Cardiac arrest procedure: Time to intervene?” Regional compliance, June 2012

Decisions on discharge
N’ Admission Communication with staff Patients and/ or Relatives