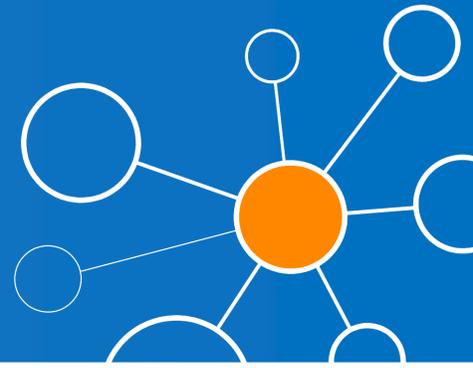


Documentation of DNA-CPR Decision within 24 Hours of Emergency Admission

Janice Allen —Resuscitation Officer



1. Background

National recommendations (NCEPOD, Time to Intervene, 2012) state CPR status should be assessed within the first 12 hours of emergency admission during a consultant review.

A Trust Do Not Attempt Cardiopulmonary Resuscitation (DNA-CPR) Audit in December 2018 demonstrated a reduction to 56% compliance within 24 hours and 25% decisions > 3 days.

2. Aim

Improve baseline of documentation of DNA-CPR decisions within the first 24 hours of emergency admissions by 20% by December 2019

3. Driver Diagram

Aim	Primary Drivers	Secondary Drivers	Change Ideas
Improve baseline of documentation of DNA-CPR decisions within the first 24hrs of emergency admissions by 20% by December 2019	Documentation	UP Form completed	Recruit champions in each ward area Audit compliance in each ward twice a month Select wards Respiratory 8b, GOAM 4a, T&O 3a
		Development of checklist (as a reminder) for doctors ward rounds	Incorporating DNA-CPR in existing ward round checklist or develop new one. Ensure availability of UP Forms in wards/ trolley Reminder to AMU/ACU areas to use checklist to improve compliance at assessment areas
	Staff	Share best practice	Utilise best practice from ward areas and share from ward to ward. Consider EPR/ Trackcare changes to alert on admission
		Culture	Recruit champions in each ward area/ AMU Empowerment of nursing staff to discuss regularly with doctors Audit annually (to monitor compliance) Target key clinicians AMU/Ward to develop alliances and co-operative relationships Coach staff to use process/ documentation to become normal practice
Promotion of DNA-CPR decisions	Education	Update all clinical staff at mandatory training Webpage for Resuscitation and simulation Dept. to be updated	
	Increase awareness of Resuscitation Service	Report findings to Deteriorating Patient and Resuscitation Committee Re-launch awareness with posters/ activity Consider social media outlets	
	Encouragement of early discussions with consultant and patient.	Improve access to information for patients & family (healthcare proxy) Is Patient information leaflet available (Developed by G-Care for ReSPECT launch)	

Multidisciplinary Team
Resuscitation & Simulation Lead
Resuscitation & Simulation Manager
Resuscitation Officers
Nurse champions on wards (3a, 4a, 8b)
Doctor on wards
Consultant AMU
Practice Development Educators
Clinicians on Resuscitation Committee

4. Method & PDSA

- Library literature search to benchmark local and national drivers
- Discussion with stakeholders to identify local problems and enthusiasm for quality improvement
- 3 wards recruited (2 medical wards (Respiratory & Care of the Elderly) and T&O)
- Audit of 5 random patients from each ward twice monthly for 6 months
- Review patient notes for presence of an Unwell/ Potentially deteriorating Patient Plan/ ReSPECT Form and date of completion
- PDSA Cycles including education, considering existing ward-round checklists and implementation of national ReSPECT Form were actioned (as outlined in the results graphs below)
- PDSA cycle to implement checklists at each ward was reviewed and abandoned
- Feedback to ward areas throughout and post QI

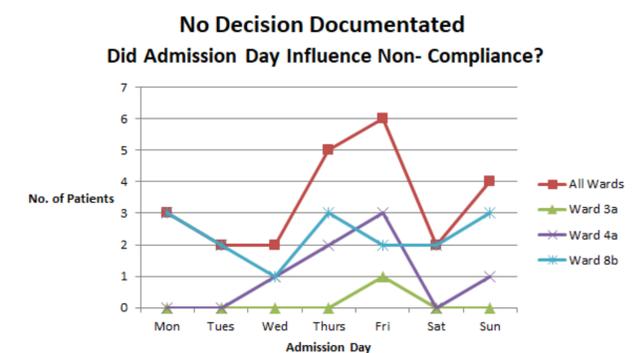
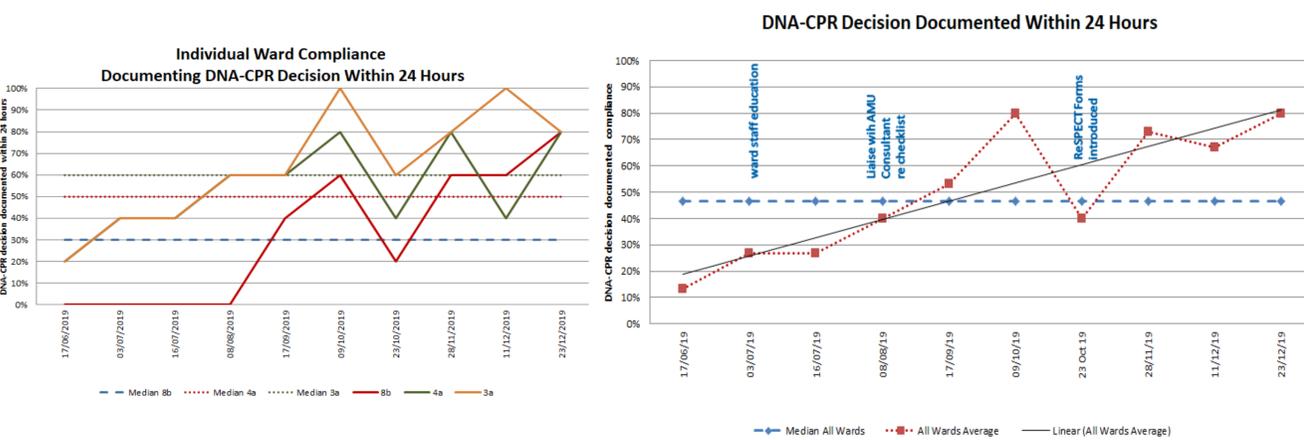
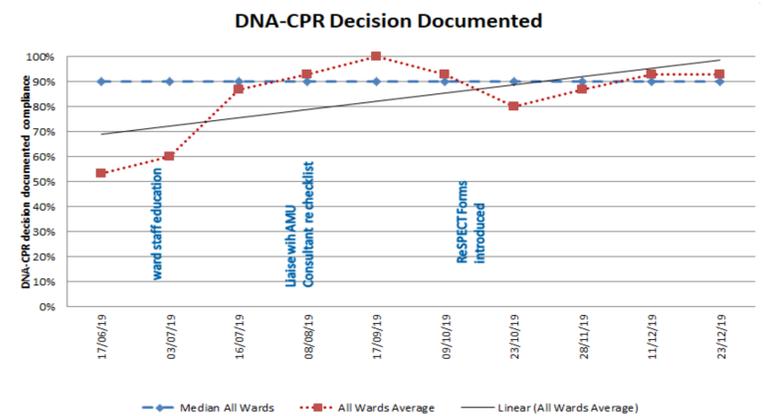


5. Measurement & Results

Outcome measures: Primary– Was the DNA-CPR decision documented?
Secondary– Was the decision made within 24hrs of emergency admission?

Balancing Measure: Did the admission day effect compliance?

Results: Outcome measures improved in all wards
Compliance dipped during Trust implementation of ReSPECT
Day of admission slightly influenced compliance with patients admitted on a Friday



6. Discussion

Engaging stakeholders and empowering staff through education and regular audit resulted in a 40% improvement in overall documentation of DNA-CPR decisions (Median 90%) and 67% improvement of decisions made within 24 hours of admission (Median 47%). ReSPECT completely changed documentation but compliance continued to improve post implementation.

Project work highlighted additional areas of concern around discharge planning and communication from Acute to Primary Care regarding ReSPECT. This is leading to Trust wide changes.

7. Future Planning

- Continue evaluation, maintenance and support of project areas
- Results presented to Deteriorating Patient and Resuscitation Committee
- Plan to implement quality improvement changes to other areas across Trust
- Collaboration with other silver QI project leads around deteriorating patients and ReSPECT quality improvements
- IM&T implementing electronic prompt for discharge summary to communicate new/ adapted ReSPECT to Primary Care