DNACPR – RESUSCITATING BEST PRACTICE:
Applying policy to practice in a hospice setting

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Background

'Do Not Attempt Resuscitation' (DNAR) is a hot and important topic[1,2]. DNAR policies[3] already exist and a NHS Scotland "Do Not Attempt Cardiopulmonary Resuscitation" (DNACPR) (2010) policy[4] is being implemented across Scotland. After adapting the Lothian policy[3] for local use it became clear that uncertainty around DNAR still existed. St Columba's Hospice (SCH) Clinical Governance Research and Audit Committee (CGRAC) recommended a policy review and exploration of staff knowledge and experience.

DNAR Questionnaire: Eliciting Staff Views

Staff questionnaires captured the views of the multi-professional team (n=79). The questionnaires yielded an 88% response rate.

Three key themes emerged: understanding, uncertainty and education.

There is a high level of **understanding** amongst many clinical staff members.

"It makes all persons aware when resuscitation would be futile. To lessen patient distress. To allow patient choice. To maximise dignity."

Many responses acknowledged that if an attempt at resuscitation was deemed futile, then it should not be attempted, regardless of whether or not there is a completed DNAR form. Staff also identified how different decisions may be made in different care settings:

"At home if death expected, common sense should prevail. If ambulance called...
my understanding is that some ambulance crew will attempt resuscitation if no form available."

Uncertainty existed irrespective of staff discipline. 41% of staff felt that resuscitation would be indicated if no DNAR form was present. Whilst 87% of staff acknowledged that patients did not have to be involved in their DNAR decision, some expressed concerns that patients (and/or relatives) are not always involved in the decision making process:

"How can we be certain that entering such conversations would cause pain and anguish?"

The majority of staff felt that responsibility for the DNAR decision lay with the doctor. Some felt it was challenging to be involved in these sensitive discussions. The feedback from the questionnaire highlighted **Education** as a continuing need:

"...more training should be given to empower more staff..."

Working Together

A DNACPR working group was established, with representation from clinical, education and audit services, to develop an education programme and launch the new policy[4].

The group worked collaboratively with other Hospice working groups to ensure overall governance, namely:

Documentation Group **Information Group** **CGRAC**

Supporting and Evaluating Practice

Following the education sessions and the implementation of the new policy[4], the DNACPR working group has agreed to:

- offer ongoing clinical support
- re-evaluate staff knowledge and skills within 3 months by:
  – repeating questionnaire
  – conducting a casenote review to audit documentation

Education for Practice

Six workshops (2.5 hours each) were designed to create an interactive safe learning environment to enable the participants to:

- Discuss the key messages highlighted in the staff questionnaire
- Understand the underlying principles of the new DNACPR policy[4] and the benefits and challenges of its implementation at SCH
- Appropriately communicate with patients, families and other healthcare professionals regarding the new policy[4] and local guidance

All sessions were facilitated by members of the multi-professional team with the Hospice Practice Development Facilitator co-facilitating every session to ensure continuity and identification of emerging themes. The NHS Scotland DNACPR policy[4] teaching materials were incorporated into the sessions.

The sessions had a 75% attendance rate and evaluated well with participants highlighting the use of interactive approach as being beneficial. Only 2.7% felt the sessions had been too long. Many indicated a feeling of increased confidence:

"Made a very sensitive subject much more approachable – feel more confident to broach the subject of DNACPR."

Conclusion

SCH supports and promotes best practice in all aspects of patient care.

The key points in this initiative were:

- Staff involvement at all stages
- Collaborative multi-professional working
- Recognition of external drivers[1,2,4]
- Identification of an agreed action plan
- Staff centred education

SCH has provided an opportunity for staff development, empowering them to appropriately deliver the care required in DNACPR decision making.

References

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