

A multi-cycle quality improvement project to improve the proportion of DNAR forms discussed with the patients' next of kin

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Introduction

The Welsh DNACPR policy¹ states 'the clinical basis should be discussed with the patient as well as their nominated individual ... and a DNACPR decision ... clearly documented'.

Objective

To improve the proportion of DNAR forms being discussed with the next of kin (NOK), with the patients' consent, on our ward.

Methods

The QIP was completed on a respiratory ward in a DGH. For baseline and each cycle all ward notes were examined four times over 2 weeks. We recorded if DNAR forms had been discussed with the patient and NOK.

Three plan, do, study, act (PDSA) cycles:

- > Ward team educational sessions highlighting importance.
- > Using the daily MDT board rounds to identify forms needing discussion.
- > Adapting the ward handover to highlight resus status and whether forms had been discussed.

Results

- > Percentage of forms discussed with either patient or NOK at baseline was 91%. After cycle 1 it was 94%, cycle 2 94%, cycle 3 98%.
- > Percentage of forms discussed with NOK at baseline was 56.2%. After cycle 1 it was 69%, cycle 2 79% and cycle 3 87%.
- > Barriers to the project included:
 - > high patient turnover on the ward
 - > transfers between sites
 - > on-call rotas of the QIP team.

Conclusions

- > Overall, we improved the rate of discussion of DNAR forms with patient and NOK.
- > For sustainability of the interventions, we need to include other MDT members who do not rotate.
- > In future we need to work with other hospitals to improve discussion of forms prior to transfers within ABUHB.

Reference

- 1 All Wales Advance and Future Care Planning Strategy Group. *Sharing and involving – a clinical policy for Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) for adults in Wales*. 4th Edition. 2022.

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