Using electronic protocols to promote good clinical practice: An example with DNACPR documentation By Anmol Patel

Cardiopulmonary resuscitation is a medical intervention which should be considered for all inpatients; with a patient centred approach, open communication and accurate documentation of clinical decisions1

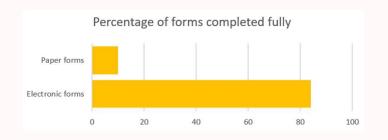
As a legal document, these forms are required to be completed accurately and thoroughly.

		Adults aged		er Di	
Name				Date of DNAC	PR decision:
Address				/	1
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NHS numb	er			DO NOT P	нотосору
In the ev	vent of cardiac or re are intended. A			diopulmonary resus	
	e patient have capa go to box 2	city to make and	communicate dec	cisions about CPR?	YES / NO
	are you aware of a vent condition?" If "YE		ion refusing CPR v	which is relevant to	YES / NO
	has the patient appoint they must be consult		orney to make deci	isions on their behalf?	YES / NO
All other	decisions must be m	nade in the patient's	s best interests and	d comply with current	law.
unsucc	ry of the main clinic essful or not in the p			would be inapprop	riate,
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Clinicians require training in developing skill to clearly communicate and document these discussions, due to the medico-legal considerations of these decisions as well as the implications of the decision on patients and family members.

The aim of this study was to evaluate the difference in quality of DNACPR forms completed using electronic versus paper formats.

A retrospective review of DNACPR forms and related documentation was completed in two hospitals in South-East England, one of which uses electronic forms, while the other uses paper red forms (Fig 1), 50 completed forms from each hospital were analysed to assess quality of completion of all subsections of the documentation.



Only 10% of paper forms were completed legibly, compared with 84% of electronic forms

The hospital using paper forms showed a 40-44% rate of completion of sections relating to communication with patients and family, compared to 86-92% in the hospital using electronic forms. Discussions were also more likely to be documented in electronic health records compared with paper clinical notes.

Discussions with other members of the MDT were documented in 5% of paper forms compared with 70% of electronic forms.

Discussion

Previous studies have demonstrated how electronic healthcare records can improve patient care. In this case, the electronic form can only be completed and saved once all domains are completed. This study provides an example of how the electronic protocol ensures strict adherence to the necessary clinical requirements. We postulate that in doing so, it emphasising the importance of, and cultivates a culture of clear communication and clinical documentation.

Conclusion

This study suggests that the implementation of electronic DNACPR forms significantly improves clinical practice and may promotes better open communication with patients, family and the MDT

(3) Manca DP. Do electronic medical records improve quality of care? Yes. Can Fam Physician. 2015 Oct;61(10):846-7, 850-1. PMID: 26472786; PMCID: PMC4607324.