

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

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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.

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

Adults aged 16 years and over

DNACPRadult.1(2015)

Name

Address

Date of birth

NHS number

Date of DNACPR decision:

/

/

DO NOT PHOTOCOPY

In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) are intended. All other appropriate treatment and care will be provided.

1 Does the patient have capacity to make and communicate decisions about CPR?

If "YES" go to box 2

If "NO", are you aware of a valid advance decision refusing CPR which is relevant to the current condition?

If "YES" go to box 6

If "NO", has the patient appointed a Welfare Attorney to make decisions on their behalf?

If "YES" they must be consulted.

All other decisions must be made in the patient's best interests and comply with current law. Go to box 2

YES / NO

YES / NO

YES / NO

2 Summary of the main clinical problems and reasons why CPR would be inappropriate, unsuccessful or not in the patient's best interests:

3 Summary of communication with patient (or Welfare Attorney). If this decision has not been discussed with the patient or Welfare Attorney state the reason why:

4 Summary of communication with patient's relatives or friends:

5 Names of members of multidisciplinary team contributing to this decision:

6 Healthcare professional recording this DNACPR decision:

Name

Position

Signature

Date

Time

7 Review and endorsement by most senior health professional:

Signature

Name

Date

Review date (if appropriate):

Signature

Name

Date

Fig 1: DNACPR decision form

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.

Form Type	Percentage of forms completed fully
Paper forms	10%
Electronic forms	84%

Only 10% of paper forms were completed fully and 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

(1)BMA, Resuscitation Council, RCN. Decisions relating to Cardiopulmonary Resuscitation. 2016
(2) National Confidential Enquiry into patient outcomes and deaths (NCEPOD) Time to Intervene 2012
(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..