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AUDIT ON THE APPROPRIATENESS OF DOCUMENTATION FOR DNACPR FORMS IN A PALLIATIVE CARE WARD

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Introduction

The Do-Not-Attempt Cardiopulmonary Resuscitation(DNACPR)decision refers to the elective decision on not to perform CPR, made in advance, when cardiopulmonary arrest is anticipated and CPR is against the wish of the patient or otherwise not in the best interests of the patient. A DNACPR form for Hospitalized Patients had been implemented in Hospital Authority(HA) since 6th October 2014.It provides standardized forms for documenting communication of the DNACPR decisions for HA patients.

Objectives

The audit is to review the appropriateness of documentation and the completion of the DNACPR form for hospitalized patients in the palliative care(PC)ward during patients' hospitalized care at our unit.

Methodology

All patients who had been discharged from PC ward during the period from 1st November 2016 to 31st December 2016 were investigated.Each of their case records and DNACPR forms was also reviewed.Standard descriptive statistics were applied for data analysis.

Result

A total of 96patients who were discharged from PC ward during the period including 52%(n=50) discharged alive,46%(n=44)dead and 2%(n=2) transferred to another hospital.

The mean age was 73.7. 61%(n=59)were male.95%(n=91)had their DNACPR forms signed during hospitalization. Among them,71%(n=65)were signed in PC ward,23%(n=21)were signed in other M&G wards and 6%(n=5)in surgical wards prior to their transfer. 4%(n=4)of patient's gum labels were without patient's HKID.83%(n=80)had cancer-related diagnosis.

The overall compliance rate of completion of the DNACPR form is 87%.74%(n=67)did not need review due to the patient's length of stay shorter than 2 weeks.For those with

long period of hospitalization, 33 reviews were needed. Among them, 97% (n=32) of the forms underwent review(s) at 14 days interval by doctors.

In Part III: Communication on DNACPR, all had explained DNACPR to patients/relatives. 54% completed Part III correctly; others were incomplete/incorrect selection of checkboxes. In Part V: Signatures of healthcare team doctors, 59% completed all parts of items i.e. signature with name, date, department and hospital.

Conclusion

Where death is inevitable, it is our responsibility to take care that the patient should die with as much dignity and comfort as possible. The DNACPR form for hospitalized patients has been widely used in our palliative patients since its implementation. Further education/training and audits for doctors and nursing staffs are needed to maintain proper documentation and to facilitate the communication process between family/patient and health care team as well as to enhance the quality of decision making.