Quality improvement project in advanced planning: Improving an acute medical unit culture to DNACPR discussions and documentation.

Aims
Decision making with patients and families about resuscitation is a key responsibility for doctors. The General Medical Council (GMC) and the National confidential inquiry into patient outcome and death (NCEPOD), in their report 'Time to intervene' have provided guidance. Resuscitation decisions should be made as timely as possible and considered for all acute medical admissions. With the day to day demands on an NHS acute medical unit, these discussions and the documentation are often not performed. The objective of this quality improvement project was to assess and improve the acute medical unit's performance at decision making and documentation of resuscitation decisions.

Methods
This was a fully completed audit cycle. The method involved case note review of 58 patients. The notes were analysed to see if there was clear accessible documentation about whether a patient was for resuscitation or not for resuscitation. This established a baseline performance. We then initiated a quality improvement program. This involved an awareness campaign comprised of oral presentations to all key members of staff. We aimed to target all levels of staff to encourage the wider multi-disciplinary team to consider resuscitation status in all acute admissions. We promoted a culture shift to normalise discussions about resuscitation with patients and families. Following our quality improvement campaign we re-audited a random cohort of another 58 case notes to see if we had instigated improvement.

Results
The baseline audit results showed that only 16% of patient had clear documentation about a resuscitation decision recorded in the notes. Following or interventions this doubled to 36%. Our intervention led to a significant improvement in documentation about a resuscitation decisions, but scope for further improvement remained.

Conclusion
Our interventions have worked to improve the practice of clearly documenting resuscitation decisions. This has likely led to reduced inappropriate resuscitation attempts. It has placed communication with patients and families higher up the agenda. We believe this quality improvement program has led to a culture of improved communication with patients and families. We have demonstrated a significant improvement in the documentation of resuscitation decisions but there is still scope for further improvements.

References: