

DNACPR – Telephone Patient Questionnaire

Audit ID (hospital or NHS number & patient initials)	
Date & Time of Telephone Call	
Date & Time of Admission	
Admission Ward/unit	
Date & Time of Discharge	
Discharge Ward/unit	

If patient raises concerns or is upset by the conversation: *“I’m really sorry to hear that you aren’t happy with the experience that you/your loved one had at [INSERT] Hospital /Hospice/ and you have found it difficult to discuss this. Would you like me to give you with some information about the patient experience team / some areas where you can access support? IF YES, SEE CONTACT DETAILS AT END OF DOCUMENT.*

If the patient would like to know why we’re asking about Do Not Attempt Cardiopulmonary Resuscitation: *“As you may have seen in the news, there have been some instances where decisions about resuscitation have not been made in line with best practice, so we are completing a survey to find out about patients’ experiences.*

Introductions

“Good morning/afternoon. My name is I’m part of the Team at [INSERT]. Please may I speak to”

- **If the person answering the phone is not the patient, it will be necessary to repeat the above once the patient is on the phone.** Then proceed to ‘explanations’ section.
- **If the patient is unable to speak on the phone:**
 - *“Are you happy to answer some questions on’s behalf?”*
 - **No:** *“Okay. Thank you very much for your time. Enjoy the rest of your day and stay safe. Goodbye.”*
 - **Yes:** Go to ‘explanations’ section

Explanations

“Let me begin by saying that there is nothing to worry about. We’re phoning a selection of patients who have recently been admitted to [Insert] to ask about any conversations they may have had during their admission about cardiopulmonary resuscitation.

It’s completely voluntary to take part and if you choose not to, it won’t affect the care you receive in any way. If you do choose to participate, your responses will be treated with confidence and there won’t be any identifiable information in our final report.

Are you happy to continue?”

- **No:** *“Okay. Thank you very much for your time. Enjoy the rest of your day and stay safe. Goodbye.”*
- **Yes:** *“Great. Thank you. I’ll briefly explain a bit more about the information we’re collecting.”*

“A ‘Do Not Attempt Cardiopulmonary Resuscitation’ decision, or DNACPR for short, is when it is agreed that if a person’s heart or breathing stops, the healthcare team will not try to restart it. Some people may have a DNACPR in place because it is against their wishes to receive cardiopulmonary resuscitation, or it may be agreed that it would not be in the person’s best interests to receive cardiopulmonary resuscitation.

When a DNACPR decision is made, an easily recognisable form is completed and shared with all healthcare professionals so that they are able to make decisions quickly about how to treat a patient.

Are you happy to continue with these questions?”

- **No:** *“Okay. Thank you very much for your time. Enjoy the rest of your day and stay safe. Goodbye.”*
- **Yes:** continue to questions

Questions if speaking to the PATIENT:

1. *Before your admission to [INSERT] in [month, year], had a healthcare professional **ever** talked to you about cardiopulmonary resuscitation or DNACPR? **Follow up:** if yes, when / who and can you tell me a little bit more about that conversation?*
2. *During your admission to [INSERT] in [month, year], did the healthcare team talk to you about cardiopulmonary resuscitation or DNACPR? **Follow up:** if yes, can you tell me a little bit more about that conversation?*

3. **If YES to Q1 or Q2:** *during any of those conversations, was it decided that a DNACPR order would be put in place for you? **Follow up:** if yes, has that decision been shared with your family? If so, did patient tell them, or did the healthcare team? If it was the healthcare team, was this done with the patient's prior knowledge/consent?*

4. **If NO or UNSURE to Q1 and Q2:** *would you have liked the opportunity to discuss resuscitation and DNACPR with your healthcare team? **Follow up:** if yes, when would you have preferred those discussions to have taken place (e.g. during hospital admission, with GP, during outpatient appointment)? **Let patient know that they can discuss this at any time with their GP/practice nurse, or with nurse or Dr at outpatient appointment, or in hospital.***

If patient answered NO or UNSURE to Q2, skip to 'closing remarks'. The remainder of the questions are only applicable to patients who discussed DNACPR during their recent [INSERT] admission.

5. *When you discussed cardiopulmonary resuscitation with your healthcare team during your admission in [month, year], do you feel you were given enough information to understand what DNACPR means? For example, were you told the chance of cardiopulmonary resuscitation being able to re-start your heart and the possible long term effects such as needing intensive care if it did work? **Follow up:** ask patient what information they were given / if there was any additional information they would have liked to receive.*

6. *When you discussed cardiopulmonary resuscitation with your healthcare team during your admission in [month, year], do you feel that the conversation was held sensitively? **Follow up:** if patient says **no**, ask for more details and ask what would have helped the conversation to feel more sensitive. If the patient says **yes**, ask what helped to achieve this sensitivity.*

7. *When you discussed cardiopulmonary resuscitation with your healthcare team during your admission in [month, year], did staff give you the opportunity to ask any questions? **Follow up:** did you ask the healthcare team any questions? If yes, were they answered in a way you understood?*

Closing remarks

"That's all of the questions completed. Do you have anything you'd like to ask me or any other comments about your admission? Thank you very much for your time. Enjoy the rest of your day and stay safe. Goodbye."

Questions if speaking to patient's RELATIVE / NEXT OF KIN

1. *What relation are you to*?
2. *Before _____'s admission to [INSERT] in [month, year], had anyone **ever** spoken to either _____ or yourself about cardiopulmonary resuscitation or DNACPR? **Follow up:** if yes, when/who and can you tell me a little bit more about that conversation?*
3. *During _____'s admission to [INSERT] in [month, year], did the healthcare team talk to either _____ or yourself about cardiopulmonary resuscitation or DNACPR? **Follow up:** if yes, can you tell me a little bit more about that conversation?*
4. **If YES to Q2 or Q3:** *during any of those conversations, was it decided that a DNACPR order would be put in place for _____? **Follow up:** if yes, was the relative present when the DNACPR was decided and if not, when did they become aware of their relative's DNACPR?*
5. **If NO or UNSURE to Q2 and Q3:** *would you have liked the opportunity to discuss cardiopulmonary resuscitation and DNACPR with _____'s healthcare team? **Follow up:** if yes, when would you have preferred those discussions to have taken place (e.g. during hospital admission, with GP, during outpatient appointment)?*
Let patient know that they can discuss this at any time with their GP/practice nurse, or with nurse or Dr at outpatient appointment, or in hospital.

If patient answered NO or UNSURE to Q3, skip to 'closing remarks'. The remainder of the questions are only applicable to relatives who discussed DNACPR with the healthcare team during their relative's recent [INSERT] admission.

6. *When you discussed cardiopulmonary resuscitation with _____'s healthcare team during their admission in [month, year], do you feel you were given enough information to understand what DNACPR means? For example, were you told the chance of cardiopulmonary resuscitation being able to re-start _____'s heart and the possible long term effects such as needing intensive care if it did work? **Follow up:** ask NoK what information they were given/if there was any additional information they would have liked to receive.*
7. *When you discussed cardiopulmonary resuscitation with _____'s healthcare team during their admission in [month, year], do you feel that the conversation was held sensitively? **Follow up:** if **no**, ask for more details and ask what*

would have helped the conversation to feel more sensitive. If **yes**, ask what helped to achieve this sensitivity.

8. *When you discussed cardiopulmonary resuscitation with _____'s healthcare team during their admission in [month, year], did staff give you the opportunity to ask any questions? **Follow up:** did you ask the healthcare team any questions? If yes, were they answered in a way you understood?*

Closing remarks

“That’s all of the questions completed. Do you have anything you’d like to ask me or any other comments about _____’s admission? Thank you very much for your time. Enjoy the rest of your day and stay safe. Goodbye.”

You may wish to offer contact details for PALS / COMPLAINTS / SUPPORT / CHAPLAINCY.