

# Leading anticipatory care planning that includes cardio-pulmonary resuscitation decisions and discussions with patients & families: an advanced practice role for nurses and physiotherapists

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2016 revisions to the NHS Scotland DNACPR policy allow: *“other grades of suitably qualified and experienced medical and senior nursing staff to undertake this role”*.

*“At a local level, multidisciplinary teams must be clear about which members of their team are able to take on this responsibility”*.

This prompted the NHS Lothian pilot (the first in Scotland) to enable nurses to complete DNACPR forms as the responsible senior clinician, a role the national policy refers to as a ‘Doctor or Senior Nurse’. The NHS Lothian programme also included senior physiotherapy practitioners.

## Related publications:

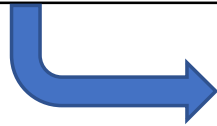
<https://www.gov.scot/publications/decisions-cardiopulmonary-resuscitation-integrated-adult-policy/>



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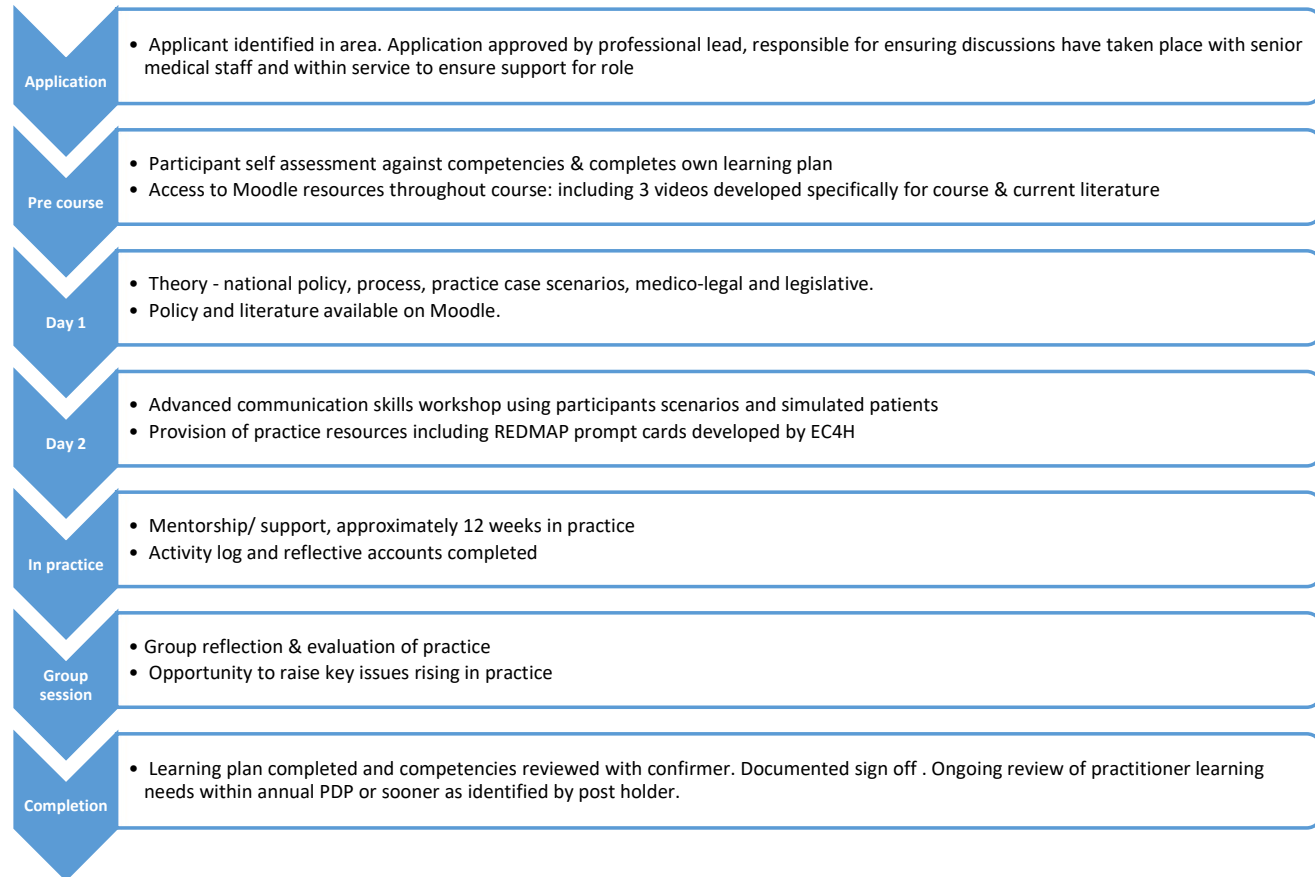
- Preparatory work showed education on the NHS Scotland DNACPR policy alone was insufficient to support safe and effective practice



**Programme aim:**

Deliver structured education that equips experienced senior nurses and AHPs (Band 6 +) to deliver person-centred Anticipatory Care Planning within their existing roles and relationships with patients. This includes confidence and competence in safe and effective DNACPR discussions and decisions and DNACPR form completion.

**Programme structure components flowchart**



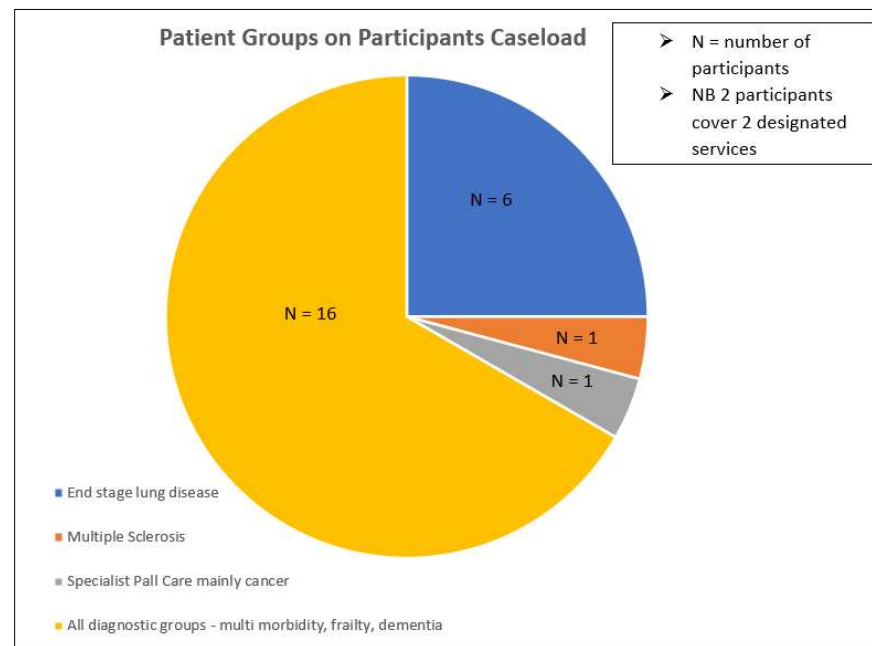
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# Methods

- **Literature review**
- **Course development:** a) Focus groups: senior nurses and physiotherapists [n=20]; b) Interviews with patients and families about experiences of Anticipatory Care Planning discussions.
- **4 cohorts:** 24 senior clinical nurses and physiotherapists completed online and taught course, including advanced communication training.
- **Data collection:** Participants activity logs, reflective case studies, recording patient and family responses, 4 participant evaluation focus groups.
- **Data analysis:** Descriptive statistics of cohorts, pre-post comparative self-rating scores, and thematic analysis of qualitative data.
- **Iterative programme design:** the evaluation informed developments continually, including governance and mentorship.

| Talking about Anticipatory Care Planning: RED -MAP |   |
|--|---|
| R eady   | Can we talk about your health and care? |
| E xpect  | What do you know/ want to ask/ expect?  |
| D iagnosis   | We know.../ We don't know... Questions? |
| M atters   | What matters to you now?                |
| A ctions   | What can help.../ This will not work... |
| P lan  | Let's plan ahead for when/ if...        |



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# Results and conclusions

- The programme achieved its aim of practitioners approaching ACP (including DNACPR discussions and decisions) safely, sensitively and confidently.
- Patients were at the centre of the decision-making.
- Practitioners were competent and valued in practice.

"The patient was able to articulate that if she was at the end of her natural life, she would like to be kept comfortable in the care home"

- Senior nurses and physiotherapists in NHS Lothian have taken on a leading role in ACP effectively, when supported by this formal education programme including advanced communication, combined with support in practice, and a robust governance structure.



"During the current COVID 19 pandemic, having the tools to discuss ACP with greater eloquence and ease, especially over the phone has been very valuable and my patients so far have been positive that their wishes are now known and shared with primary and secondary care"

**Practitioner confidence talking with a patient who is reaching the last days of life but is not aware of this about death, dying and CPR**



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