

Electronic supplementary material

Table E1 Data extraction table for DNACPR policies received from Acute/
Ambulance services / and Community Care trusts

Descriptor	Definition	Possible responses	
NHS type	What type of organization is it?	Teaching Hospital District general Community Trust Ambulance	1
Decision maker	Is the organization a primary decision maker?	Policy refers to decision making Policy refers to handling decisions	2
Policy type	Is the document a policy or guideline?	Policy / procedure / guideline	3
	What terminology is used?	DNAR / DNACPR / Not for CPR / AND	4
	What type of policy is it?	Stand-alone / integrated into resuscitation policy / mentioned in other policies	5
	Is it a local or unified policy?	Local / Unified	6
Date	When was the policy last reviewed (number of months from last review till month when policy was received)		7
	Is policy within review cycle?		

	If NO is the policy under review?	Y / N / U	8
		Y / N / U	9
Equality and diversity	Has an equality and diversity assessment been carried out?	Y / N / U	10
Law	Does the policy refer to relevant law / guidelines	Y / N / U GMC RC(UK) / BMA Human rights act Mental capacity act JRCALC	11
Legal basis	Does the policy describe the situations in which DNACPR decision can be made	Futility Benefit / Burden Refusal	12
Assessment of capacity	Does the policy require staff to assess patient capacity?	Yes / No / Unclear	13
Communication / consultation	Does the policy tell staff when they should consult / inform patients / relatives / IMCA	Patient / LPA (Welfare Attorney, Deputy or Guardian) / Relatives / IMCA	14
Validity	Has the relationship between DNAR and other aspects of care been specified?	Y / N / U	15
	Is the decision valid indefinitely?	Valid for one hospital admission / 'Indefinite' valid between admissions, after hospital discharge / Valid till specific time point Not stated / Clinical	16

	What is the stated review period of the decision?	discretion / specific prompts (a) (re-)admission (b) at transfer or discharge (c) before surgery or anesthesia / regularly (in weeks/months) / change in patient status / patient change of mind	17
Multidisciplinary	Does the policy require clinician to consult a multi-disciplinary team	Must / Should / Does not mention	18
Portability	Is the decision valid outside the organisation?	Portable / Portable for AS only / Handover / No systems for portability or handover Yes / No / Unclear	19
	If YES are clear systems <u>described</u> for portability / handover between healthcare providers?		20
DNAR decision guidance	Does the policy contain practical flow diagram for best decision making from RC(UK) national guideline?	Yes / Modified / No	21
Diversity	Does the policy contain guidance relating to cultural differences?	Yes / No / Unclear	22
Signatories on form	Has the trust adopted the RCUK DNACPR form?	Yes / Modified / Bespoke	23
	If NO who signs the DNAR forms? Type of form	Consultant / GP / Doctor / Nurse / Patient / Relative / Other Paper / Electronic / Both	
Patient info leaflet	Does the policy refer to a patient information leaflet for DNACPR/resuscitation?	RC(UK) / local version / yes but not specified / No	24
Audit	Does the policy contain information on audit?	Yes	25

		No	
Decision making	Has the consultant overall responsibility for decisions? Which grade can make decisions?	Y / N / U Consultant / GP / Nurse / Other doctor grade	26

Table E2 Compliance with the requirement to refer to relevant laws / guidelines in local policies by acute, community and AS Trusts

Item from national guidelines	Acute Trusts (n=26), n (%)	Community Trusts (n=12), n (%)	AS Trusts (n=10), n (%)	Total, N=48, n (%)
Has an equality and diversity assessment been carried out?	17 (65.4%)	10 (83.3%)	9 (90%)	36 (75%)
Does the policy describe all three situations (futility, burden, refusal) in which DNACPR decisions are appropriate?	26 (100%)	12 (100%)	6 (60%)	44 (91.7%)
Does the policy require staff to assess patient capacity?	15 (57.7%)	9 (75%)	1 (10%)	25 (52.1%)
Does the policy clarify the relationship between DNACPR and other aspects of care?	25 (96.2%)	11 (91.7%)	9 (90%)	45 (93.8%)
Does the policy contain the RCUK flow diagram to guide DNACPR decisions yes or modified?	20 (41.7%)	10 (83.3%)	3 (30%)	33 (68.8%)
Does the policy contain guidance relating to cultural differences?	3 (11.5%)	1 (8.3%)	0	4 (8.3%)

Does the policy refer to a patient information leaflet for DNACPR? yes [RC (UK)]	12 [1] (46.2% [3.8%])	9 [0] (75%)	1 (10%)	22 [1] (45.8% [2.1%])
Does the policy contain information on audit?	26 (100%)	12 (100)	9 (90%)	47 (97.9%)

(Abbreviations: AS ambulance service, DNACPR do not attempt cardiopulmonary resuscitation, RC (UK) Resuscitation Council (UK))

Table E3 Compliance with the requirement to consult patients and relevant others by acute, community and AS Trusts

Does the policy tell staff when to consult / inform patients or relevant others?	Acute Trusts (n=26), n (%)	Community Trusts (n=12), n (%)	AS Trusts (n=10), n (%)	Total, N=48, n (%)
Patients	26 (100%)	12 (100%)	6 (60%)	44 (91.7%)
LPA	20 (41.7%)	11 (91.7%)	3 (30%)	34 (70.8%)
Relatives	26 (100%)	11 (91.7%)	5 (50%)	42 (87.5%)
IMCA	18 (69.2%)	8 (66.7%)	2 (20%)	28 (58.3%)

(Abbreviations: AS ambulance service, LPA lasting power of attorney, IMCA independent mental capacity advocate)

Table E4 Compliance with the requirement to consult a multidisciplinary team for decision a making by acute and community Trusts

Consultation of multidisciplinary team	Acute Trusts (n=26), n (%)	Community Trusts (n=12), n (%)	Total, N=38, n (%)
Must	1 (3.8%)	2 (16.6%)	3 (7.9%)
Should	22 (84.6%)	6 (50%)	28 (73.7%)
Not mentioned	3 (11.5%)	4 (33.3%)	7 (18.4%)

Policies on review of DNACPR decisions

Policies on review ranged from regular review required with or without specification of a review date to regular review not recommended. The majority of policies included specific prompts that required clinicians to initiate review. These prompts included admission / readmission, transfer / discharge, surgery or anaesthesia and the change of the patient's condition or a change of heart.

A review period was given in 7/26 (27%) policies from acute trusts which ranged from 24 hours to 6 months. Six policies (23%) recommended regular review but did not specify a particular time period, while four (15%) policies did not recommend regular review. One stated that review was not required and eight (31%) did not mention regular review. Specific prompts for review were admission/readmission (n=17), transfer/discharge (n=16) and surgery/anaesthesia (n=16). Clinical discretion would prompt a review in 22/26 (85%) policies. And a change in the patient's condition or patient's expressed wishes as a reason for review was mentioned in 24/26 (92%) policies.

Similarly, regular review was mentioned in 5/12 policies from community trusts, which ranged from weekly (n=2) to 6 monthly (n=1) and not specified (n=2). One trust did not recommend regular review. The frequency of the review period was determined by clinical judgment and the change in patient status / patient change of mind in the majority of policies (8/12 and 11/12 respectively). Specific situations that prompted review were admission/readmission (7/12), transfer/discharge (9/12) and surgery/anaesthesia (4/12).

5/10 policies from ambulance services did not mention anything on review. 3/10 policies stated that if a review date is specified on the form, AS staff need to check whether the decision is within the review period. 5/10 policies stated that decisions without review date including decisions for terminal ill patients should be considered as indefinite. For other patients regular review is recommended in three of these five policies, while one policy does not recommend regular review. In 5/10 policies review is required at clinical discretion. Situations that should prompt a review were change in the patient's condition or change in expressed wishes (n=3), admission / readmission (n=1) and transfer / discharge (n=1). One policy recognised that review

dates on forms will vary across the region according to different local policies. And one policy included a form that stated that no decision should be regarded as indefinite and that the review period must be no longer than 3 months.