patient. In contrast, support from management was one aspect of context which assisted with facilitation efforts.

**Conclusions** In addition to managerial support, establishing a team of practitioners to lead facilitation of the CSNAT intervention and regularly review implementation progress, is vital for implementation success.

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### 0-5 COMMUNICATION ABOUT CARDIOPULMONARY RESUSCITATION DECISIONS AT A UK HOSPICE INPATIENT UNIT

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**Background** A 2014 court ruling in the UK established that the only justification for NOT discussing a “Do Not Attempt Cardiopulmonary Resuscitation” (DNACPR) order with a competent patient is either patient choice or potential “harm” to the patient (not distress).

**Aims** This study aimed to establish current practice in communication when making DNACPR decisions, the impact of the ruling and the interpretation of “harm”.

**Methods** The records of 150 hospice inpatients admitted after the ruling were screened. An anonymous survey was sent to hospice doctors and hospice nurses trained to complete DNACPR orders.

**Results** DNACPR decisions were made without discussion with competent patients in 6/150 cases. Reasons documented included: patient choice, the decision was implied from previous discussions, the patient was too unwell. All six decisions were discussed with the family.

Survey response rate was 90% (28/31) with equal numbers of specialist nurses and doctors. 21/28 respondents made DNACPR decisions at least monthly; 6/28 had made these decisions without discussion with the family. All six decisions were discussed with the family. In contrast, support from management was one aspect of context which assisted with facilitation efforts. The interpretation of “harm” included: more than distress, physical harm to self/others, psychiatric disorder, damage to doctor-patient relationship, distress close to the end-of-life.

**Conclusions** Only a minority of decisions were not discussed with competent patients. Not all relevant health care professionals are aware of the recent court ruling. Of those who were, over half felt it would impact upon their communication practice. There is a need for clarification of what constitutes harm rather than distress.

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### 0-6 DELIVERING INTEGRATED HOSPICE BASED CARE IN MOTOR NEURONE DISEASE

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**Background** 2016 NICE guidelines on assessment and management of Motor Neurone Disease (MND) recommend that patients should have access to multidisciplinary, integrated care with access to local services and support groups.