Improving Compliance with In-Hospital Do Not Resuscitate Orders

Abby Sellek, Khyati Patel, Ana Punsalan

Lakeview College of Nursing

N443: Leadership and Management

11/9/2020

A Do Not Resuscitate (DNR) order permits an individual to choose whether or not an individual wants CPR in an emergency (Omar et al., 2020). DNR orders direct healthcare personnel not to perform CPR when an individual stops breathing or the individual's heart stops beating. Although DNRs are not a new topic, there are still occurrences where clients with an active DNR order get resuscitated. According to Endo et al. (2017), 8.5% of clients received CPR despite having a DNR status. In these instances, employees did not follow DNR orders because they initiated CPR before checking the client's code status. Marcus (2015) found that standardized DNR identification wristbands helped healthcare providers identify clients with a DNR status, reducing incidences of DNR non-compliance. DNR bracelets proved beneficial because, during codes, the client may be receiving treatment off the unit, or their nurse may not be present. When a code occurs, staff can accurately identify DNR clients by the DNR bracelet on their wrist. By preventing inappropriate resuscitation, healthcare providers can respect the client's wishes and avoid patient harm.

Another known cause for DNR non-compliance is due to inconsistent documentation of a DNR in the individual's electronic medical record (EMR), or the DNR order was difficult to find (Weinerman et al., 2015). Due to inconsistent documentation, some clients had more than one code status order, creating confusion among staff. A straightforward documentation process for advanced directives is essential to prevent unwanted treatment. Jain et al. (2017) identified the benefits of code status reconciliation for clients that changed code status throughout the hospitalization and may have more than one documented code status during the visit. Code status reconciliation requires the nurse to verify the client's current code status by assessing the most recent documentation. DNR reconciliation, consistent documentation, and DNR identification bracelets are essential to prevent these occurrences from happening.

Change theory plays a significant role in influences and encouraging change within a healthcare unit. Lewin's Change Theory consists of three stages, including unfreezing, change, and refreezing. The unfreezing phase focuses on helping employees break patterns of behavior. The leader should reduce barriers that may result in resistance (Marquis & Huston, 2021). Leaders should consult with employees for insight on DNR compliance and gather feedback about possible changes for implementation. During the movement phase, leaders should help employees see the change's benefits, explain why the change is necessary, and encourage others to keep a fresh perspective about the change (Marquis & Huston, 2021). Leadership on the unit should emphasize the importance of proper identification of clients with a DNR order. It is essential to respect end-of-life wishes and do no harm by providing appropriate care for the client. Inform employees that performing CPR on a client with a DNR order could be considered battery and result in adverse outcomes, emphasizing proper code status identification. During this stage, it is also essential to get higher leadership on board to support the change. The final phase, refreezing, works to change a habit and focus on maintaining compliance with the new process (Marquis & Huston, 2021). Leaders can help employees retain the alteration by providing follow-up education and seek feedback about how and if the transition is working on the unit.

To evaluate DNR safety and compliance, leadership should interview employees on the unit to gather feedback regarding the DNR process and compliance difficulties. Leadership should allow employees to give opinions and suggestions about needed changes in the facility (Weinerman et al., 2015). Some employees do not know the client's Code status before starting CPR. Many times, the patient is not theirs, or they are off the unit. According to Endo et al. (2017), a common reason for DNR non-compliance is because healthcare workers are often

unaware of the client's code status before beginning CPR. DNR bracelets help healthcare workers and emergency personnel identify clients that do not want to receive resuscitation. Leadership will perform audits on clients with a DNR status to determine how often clients do not have the appropriate DNR identification bracelet. Another concern commonly noted by employees is that DNR orders and paperwork are often hard to locate in the chart (Weinerman et al., 2015).

To improve awareness and compliance with DNR orders, leadership will implement two new documentation changes and identify DNR status. Leadership will add a new segment to the advanced directive flow sheet to address a DNR identification bracelet's placement on the client. The first box will state, "The client is wearing a Do Not Resuscitate identification bracelet," and the box following will declare, "Two patient identifiers are present to verify proper wristband placement." The nurse will mark "yes" or "no" to indicate that the patient received the appropriate DNR identification wristband. The question will auto-populate in the flowsheet for all clients with an active DNR status. The advanced directives assessment will not be complete until the bracelet placement boxes have a checkmark "yes," indicating the client is wearing the correct DNR bracelet.

Every patient with an active DNR status must receive a DNR identification bracelet upon admission (Jain et al., 2017). Placement of this bracelet, following identification with two patient identifiers, should be documented within the EMR in the advanced directives flow sheet. A new note classification titled "advanced directives" will also be added to the EMR. Healthcare staff should place all documents and notes regarding advance directives as a note with this title. Once the client is wearing a DNR bracelet, the nurse should create an advanced directive note stating they are wearing a DNR identification bracelet.

Documenting code status is essential in preventing undesired resuscitation and improving client safety outcomes. Leadership will notify and educate employees about the change process before the start date. Employees will receive training on how to chart within the EMR in the advance directive flow sheet, how to locate and create an advanced directive note, and review proper protocol for wristband placement on a client. All employees will receive this training before the go-live date. Employees will also have continuous access to the Epic Sandbox. This program provides simulated electronic medical records to freely practice proper documentation for clients with DNR orders without fear of error.

Employees will complete education on HealthStream twice a year, covering the importance of proper DNR identification, the documentation policy, and the identification process. The Healthstream education includes a simulation of a new client admission with a DNR order. During these simulations, the employee has the opportunity to go through and practice the proper documentation process. Also, attending department in-service helps maximize the employee's exposure and improve clients' care experience, specifically those who have a DNR status.

Leadership will perform continuous chart audits assessing proper DNR documentation once a week and will monitor progress using continuous improvement metrics. Audit the change at 30 days, 60 days, and 90 days utilizing a kaizen audit form (see Appendix A for a sample form). The audit form assesses employee training, satisfaction, effectiveness, and success of the new process implemented. Audit clients on the unit with active DNR orders for proper placement of a DNR identification wristband. A follow up with the nurse is necessary for any client that is not wearing the proper DNR identification bracelet. The follow up is geared toward education and determining barriers or challenges that prevent proper bracelet placement.

References

Endo, K., Hiraoka, E., Naito, T., & Fujitani, S. (2017). The incidence rate and cause of non-compliance of DNR orders. *Journal of Hospital Medicine, 12*(2). https://shmabstracts.org/abstract/the-incidence-rate-and-cause-of-non-compliance-of-the-dnr-orders/

Jain, V. G., Greco, P. J., & Kaelber, D. C. (2017). Code status reconciliation to improve identification and documentation of code status in electronic health records. *Applied Clinical Informatics, 8*(1), 226–234. https://doi.org/10.4338/ACI-2016-08-RA-0133

Marcus, B. (2015). Communicating patient DNR status using color-coded wristbands. *The American journal of nursing, 115*(3), 11. https://doi.org/10.1097/01.NAJ.0000461789.83

Marquis, B., & Huston, C. (2021). *Leadership roles and management functions in nursing* (10th ed.). Wolters Kluwer.

Omar, M., Kogler, W., Patel, H., & Seeram, V. (2020). Do-not-resuscitate does not mean do-not-care: A quality improvement initiative. *Chest, 158*(4). https://doi.org/10.1016/j.chest.2020.08.1600

Weinerman, A., Dhalla, I., Kiss, A., Etchells, E., Wu, R., & Wong, B. (2015). Inconsistent code status documentation. *Journal of Hospital Medicine, 8*, 491-496. https://www.journalofhospitalmedicine.com/jhospmed/article/127834/inconsistent-code-status-documentation

Appendix A

Kaizen Audit Form

Kaizen Name:	

	Process Name:			

Scope

Start Point:		Audit Timing (Days)			
End Point:		Circle->	30	60	90
Event Date:		Audit Date:			

Auditors

Audit/Team Leader:		Facilitator:	
Champion/Exec:		Area Leader:	
Audit Team Members:			

	#	Question			Response (Explain all 'No' answers)
Standard Questions	1	Is the new process still in place (or further improved)?	Y	N	
	2	Is the new process formally documented?	Y	N	
	3	Are team members all trained on the new process?	Y	N	
	4	Are team members in the work area satisfied with post-*kaizen* support?	Y	N	
	5	Has there been any resistance or side effects from the *kaizen?*	Y	N	
	6	Are all *kaizen* newspaper tasks up to date?	Y	N	
	7	What is the general perception of the *kaizen* results?			
Open Questions	8				
	9				
	10				

		Metric	Units	Rep Out	30	60	90
Metrics	1						
	2						
	3						
	4						
	5						