

Title: Educational Intervention to Promote Provider Understanding of DNR Orders and Advance Directives

Author: Brandy Drake, MD

Problem: Medical technologies and cultural shifts regarding patient autonomy have led to creation of Do-Not-Resuscitate (DNR) orders and Advance Directives (ADs). While these documents have existed for years, healthcare provider (HCP) misunderstanding persists.

Background: Legally, DNR orders only instruct HCPs to avoid resuscitation in the event of cardiopulmonary arrest. Studies demonstrate these orders are frequently misinterpreted, impacting patient care and HCP confidence in having these discussions. ADs provide instructions for medical decision-making, increase concordance between patient preferences and end-of-life care. Previous studies demonstrate improved understanding of DNR orders and ADs after educational interventions.

Purpose: This educational project's goal is to promote a deeper, more nuanced understanding of DNR orders and ADs among HCPs at Valley View Hospital.

Methods: Two 45-minute, case-based, in-person lectures discussed DNR orders and ADs in Fall 2018 and 2019, respectively. Two 10-item surveys were developed and distributed pre/post lecture. Data were analyzed to determine if interventions affected HCPs understanding of DNR and ADs.

Results: Forty HCPs (18% physicians, 13% APPs, 43% nurses, 5% Chaplains, 23% other) and 22 HCPs (29% physicians, 14% APPs, 14% RNs, and 43% other) attended the DNR and AD sessions, respectively. There was improvement in understanding of DNR reversal for surgery and how DNR orders affect intubation for respiratory issues. Mirroring national debate, there was confusion as to whether surrogates can override DNR orders. The AD lecture improved legal understanding of Living Wills and MOST forms, but demonstrated ongoing confusion about the nuances of AD discussions.

Implications: Brief educational interventions can modestly increase HCP's understanding of DNR orders. The intervention had smaller impact on AD understanding, aside from a few particular points. Findings are limited, as the education was completed in single sessions without follow-up, at a rural hospital. To increase sustainability, follow-up regarding DNR order understanding and AD education is appropriate.