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

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Statement of the 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.[1,2]
- ADs provide instructions for medical decision-making and therefore increase concordance between patient preferences and end-of-life care.

Purpose /Objectives

This educational project's goal is to provide a more nuanced understanding of DNR orders and ADs through a series of lectures to healthcare providers and staff at Valley View Hospital (VVH).

Objectives:

1. To understand what DNR orders do and don't mean
2. To understand MDPOA, living will, and MOST forms
3. To learn about the ethical complications of ADs

Methods

- Two 45-minute, case-based, in-person lectures about DNR orders and ADs were provided at VVH in Fall 2018 and 2019, respectively.
- Two 10-item surveys developed and distributed to attendees pre and post lecture.
- Data analyzed using Excel to determine if interventions affected HCPs understanding of DNR orders and ADs.

Survey Questions

DNR Survey (n = 40)

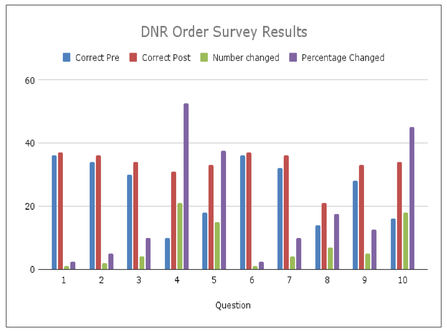
1. A DNR order is a legal document that says that nothing more should be done if a patient's condition worsens.
2. A DNR order comes into play when deciding if a patient should go to the floor or ICU.
3. The intensity of care that a patient would like can be inferred by the fact that they have signed DNR order.
4. A patient with a DNR order should be intubated when needed for respiratory distress. $, *
5. A DNR order is automatically suspended if a patient goes to surgery. $, *
6. A DNR order indicates the patient wouldn't want aggressive care for sepsis.
7. Statistics about the likelihood of success of CPR, given the patient's overall condition and age, are helpful in framing the DNR discussion.
8. A DNR or CPR Directive can be overruled by a surrogate decision-maker. $, &
9. CPR directives need to be notarized
10. A DNR order only applies to the current admissions. $, *

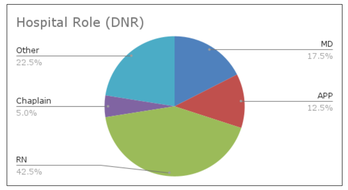
AD Survey (n = 22)

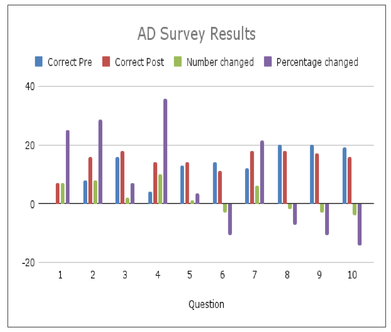
1. A Living Will is only applicable for a "terminal condition" or Persistent Vegetative State (PVS). $, *
2. Ten percent of Americans won't be able to make their own decisions at the end of life. $, *
3. Failure to follow orders on a MOST form is considered a medical error
4. MOST forms should be for all patients going to the nursing home. $, *
5. It is a patient's responsibility to fill out the MOST form and give to their doctor
6. Patients don't want to talk about end-of-life care. &
7. A MDPOA form is the most important of the Advance Directives. *
8. Advanced Care Planning (ACP) results in decreased burden on proxy decision maker We should approach ACP conversations on a regular basis. &
9. We should approach ACP conversations on a regular basis. &
10. Advance Directive paperwork cannot be modified once notarized. &

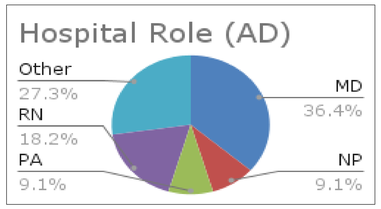
$ = Topic needing education (fewest correct answers pre-lecture)
* = Significant improvement from educational intervention
& = Ongoing knowledge deficit needing further education

Results









Conclusions/Implications

- Regarding DNR, 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.
- AD lecture data demonstrate that there is ongoing confusion about the nuances of AD discussions.
- Overall, 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.

Limitations

- This 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.

Acknowledgements/References

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1. Fritz Z, Fuld J, Haydock S, Palmer C. Interpretation and intent: A study of the mis(understanding) of DNAR orders in a teaching hospital. *Resuscitation*. 2010;(81):1138-1141.
2. Sulmasy D, Sood J, Ury W. Physicians' confidence in discussing do not resuscitate orders with patients and surrogates. *J Med Ethics*. 2008;(34):96-101