Do NOT Resuscitate (DNR): How Problem Solving and Technology Led to Supporting Compliance and Ethics

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Problem: Unnecessary treatment of a DNR patient upset a patient, the family and compromised the organization in supporting patient safety and dignity.

What Should Be Happening: No patient who chooses to be DNR should be resuscitated. DNR wristbands should be applied on the patient within 4 hours of physician order 100% of the time.

What is Actually Happening: On average 1-2 times a year, a DNR patient is wrongly resuscitated or experiences some form of life sustaining measure. DNR wristbands are being placed 33% of the time in critical care units and 56% of the time in medical surgical units.

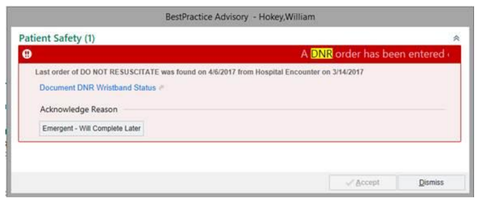
Root Cause: Failure to adhere to the policy standard to place the wristband within 4-hours or order.

Hypothesis: If we design a method to document that the DNR wristband has been placed within 4-hours of the order being written, we will never have a DNR patient resuscitated unnecessarily.

Countermeasures: A team of clinical nurses, Epic experts and nursing consultants convened to design two countermeasures to support the nurse to meet the standard.

EPIC flowsheet row to capture documentation of the band placement.

Best practice alert (BPA) to fire at 4-hours post DNR order if documentation was missing. It continues to fire every time the chart is opened until documentation is verified.



Process Metrics Results: The gap was closed for 3 weeks in the test units, but was not sustained. For the 3 months after the EPIC change was spread to all units, a gap of 49% was measured.

1st Check and Adjust Countermeasure: An Epic Workbench report pushed to the unit charge nurses at 4pm and 4am. This reduced the gap to 23%.

SH Admitted Patients with DNR order & No Documentation
Run by CADDY, NOEL J [NJCADD]

SALEM HOSPITAL — Page:
Printed: 3/30/17 10:28 AM

Unit Room/Bed	Patient Name	Pt. Class	DNR Band	Admit Date/Time	Provider Notified?	Data Entered By:
5NW 5627 5627A	CONFIDENTIAL	Inpatient	No data found	03/24/2017 0527	No data found	No data found
5NW 5620 5620A	CONFIDENTIAL	Inpatient	No data found	03/28/2017 2024	No data found	No data found
NTCU A7002 A7002	CONFIDENTIAL	Inpatient	No data found	03/27/2017 0944	No data found	No data found

2nd Check and Adjust Countermeasure: A red/green weekly report (hoping to instill a sense of competition) sent to unit managers weekly, resulted in further reduction of the gap.

All numbers in this section represented in percentages

	Period Change Pass	Period Change Record	3/16 - 3/22 Pass	3/16 - 3/22 Record	3/9 - 3/15 Pass	3/9 - 3/15 Record	Data Total Orders	Passed	Failed	Recorded	Not Recorded
3W	-10.00	-30.00	50.00	50.00	60.00	80.00	2	1	1	1	1
4N IP Rehab	-50.00	-50.00	50.00	50.00	100.00	100.00	2	1	1	1	1
5N	-41.43	-47.14	28.57	42.86	70.00	90.00	7	2	5	3	4
5S	N/A	N/A	-	-	100.00	100.00	-	-	-	-	-
6N	20.00	20.00	100.00	100.00	80.00	80.00	4	4	0	4	0
6S	N/A	N/A	-	-	33.33	100.00	-	-	-	-	-
CVCU	40.00	0.00	100.00	100.00	60.00	100.00	1	1	0	1	0
D5	32.73	10.91	72.73	90.91	40.00	80.00	11	8	3	10	1
ICU	-6.67	-8.89	60.00	80.00	66.67	88.89	10	6	4	8	2
IMCU	-2.78	-13.89	75.00	75.00	77.78	88.89	4	3	1	3	1
NTCU	-20.83	-9.72	66.67	77.78	87.50	87.50	9	6	3	7	2
OVERALL	-0.79	-11.32	64.00%	76.00%	64.79%	87.32%	50	32	18	38	12

3rd Check and Adjust Countermeasure: Members of Shared Leadership recommended standard work to further educate and close the gap completely – release target date 4/15/17.

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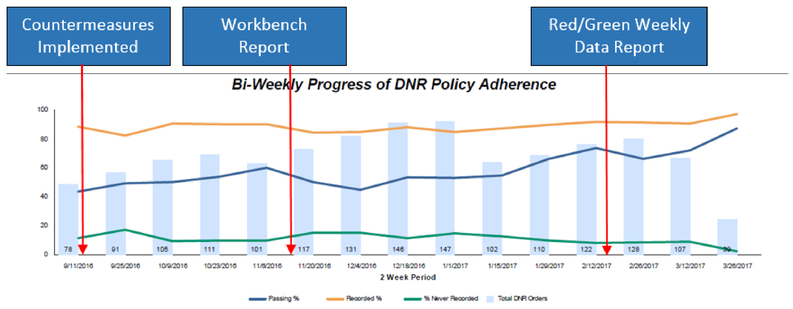
STANDARD WORK: Placement of DNR Wristband
Purpose: To assure that patients with a DNR order have a DNR wristband in place within 4 hours of the order placement.
Inputs: DNR order, DRN wristband, DNR wristband Best Practice Alert (BPA), DNR Wristband Epic flowsheet row, DNR workbench report.
CONTENT in SEQUENCE



Outcome Metric Results: Health care teams respected all DNR orders since implementation of the project.

Conclusions:

- The project is still in check and adjust for our process metric (to reach 100% compliance with band placement within 4-hours of MD order).
- It takes many plan-do-check-adjust (PDCA) cycles to close and sustain the closure of a gap. Following your data over time is crucial.

Future state:

- An additional compliance issue surfaced during this project. Several patients were found to be lacking a code status order all together, which per policy is to be addressed within 24 hours of admission. An SBAR, including data collected, was forwarded to Medical Staff.

Key Learnings:

- Value of bringing in frontline staff to assess knowledge gap/issues with compliance.
- Early creation of standard work to support the process/expectation.
- Assessing individual outliers for barriers (electronic or man).

Success Factors:

- Collaboration of teams (EPIC, Nursing Case Peer Review, Patient Safety, Practice Council/Shared Leadership).
- Nursing Case Peer Review Committee making this problem solving for patient safety a priority for the organization and allocating adequate resources.

Next steps:

Work toward sustainment and writing a Magnet Exemplar.

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