Do Not Resuscitate (DNR) – Honoring Patient Wishes

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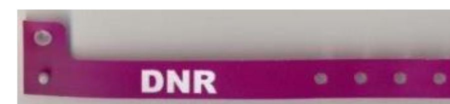
Problem: Unnecessary treatment of a DNR patient upset both the patient and family, and compromised the organization in supporting patient safety and dignity.

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.



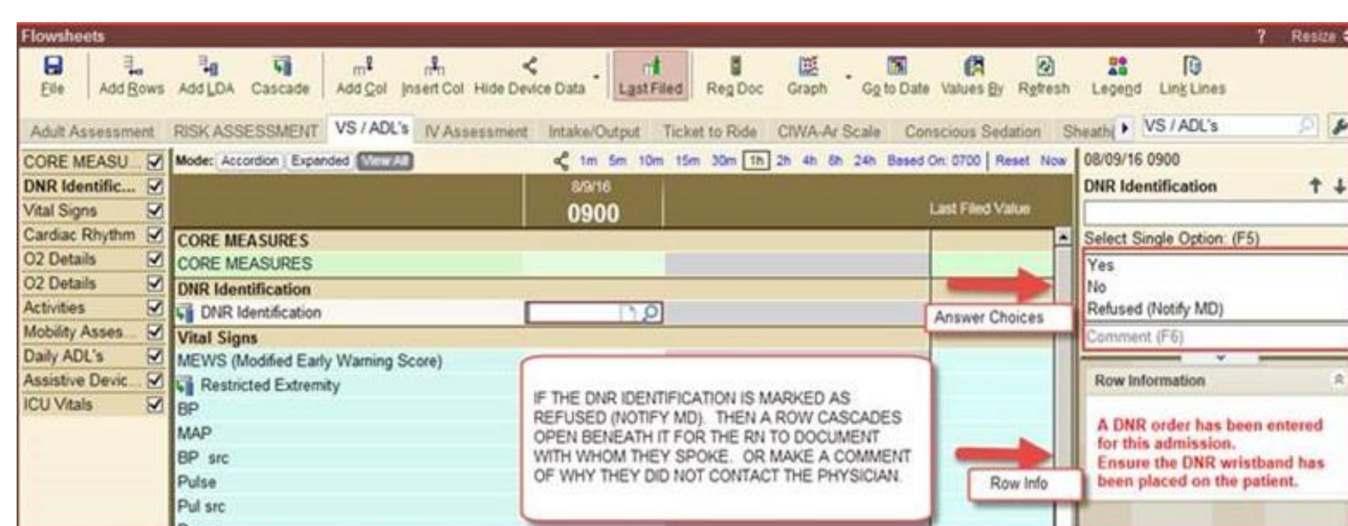
What is Actually Happening: 1-2 times a year, a DNR patient is wrongly resuscitated or experiences some form of life sustaining measure. DNR wristbands are being placed 33% of the time in critical care units and 56% of the time in medical surgical units.

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 assure the DNR wristband has been placed per MD order, we will never have a DNR patient resuscitated unnecessarily.

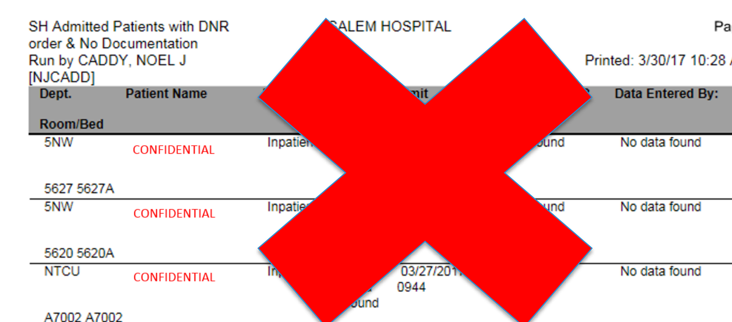
Countermeasures: The first 5 countermeasures failed forward. Countermeasure #6 closed the gap.

#1: Epic Flowsheet row: to capture documentation of the band placement.



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

#3 Epic workbench report pushed to the unit charge nurses at 4pm and 4am.

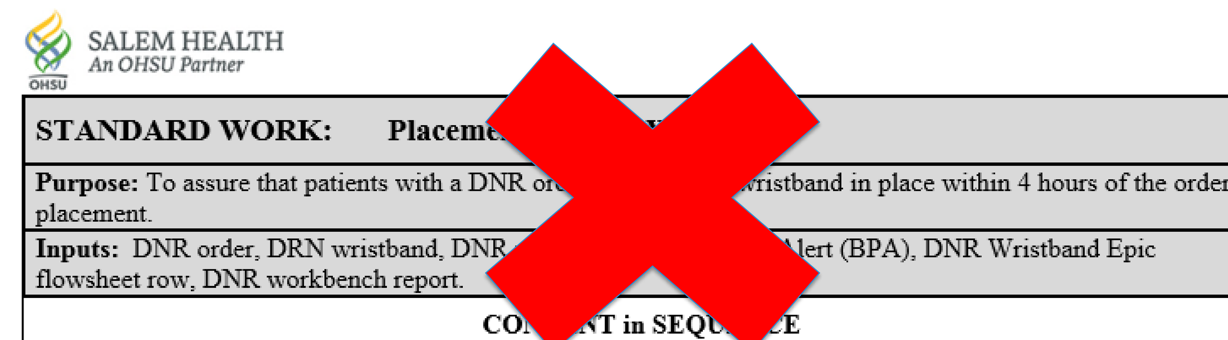


#4 Data Reports: A red/green weekly report (hoping to instill a sense of competition) sent to unit managers weekly.

All numbers in this section represented in percentages

	Period Change		3/16 - 3/22		3/9 - 3/15		Data Total				
	Pass	Record	Pass	Record	Pass	Record	Orders	Passed	Failed	Recorded	Not Recorded
3W	-10.00	-30.00	[illegible]	50.00	60.00	[illegible]	2	1	1	1	1
4N IP Rehab	-50.00	-50.00	[illegible]	[illegible]	[illegible]	[illegible]	2	1	1	1	1
5N	-41.43	-47.14	[illegible]	[illegible]	[illegible]	[illegible]	7	2	5	3	4
5S	N/A	N/A	[illegible]	[illegible]	[illegible]	[illegible]	-	-	-	-	-
6N	20.00	20.00	[illegible]	[illegible]	[illegible]	80.00	4	4	0	4	0
6S	N/A	N/A	-	[illegible]	[illegible]	100.00	-	-	-	-	-
CVCU	40.00	0.00	[illegible]	[illegible]	[illegible]	[illegible]	1	1	0	1	0
D5	32.73	10.91	[illegible]	[illegible]	[illegible]	[illegible]	11	8	3	10	1
ICU	-6.67	-8.89	[illegible]	[illegible]	[illegible]	[illegible]	10	6	4	8	2
IMCU	-2.78	-13.89	[illegible]	75.00	77.78	[illegible]	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

#5 Standard Work: to assure RNs and Charge nurses adhered to the countermeasures.



#6 The Joint Commission Tracer Audit: done monthly in each unit. This audit requires a visual assessment of the patient to assure the DNR wristband is placed on the patient's wrist.

Outcome Results: 99% adherence with DNR orders since implementation of countermeasure #6.

Tracers: DNR Arm Band Audit

Department Summary

Salem Health	Building	Department	Tracers in Dept	Observations Completed	Not App Total	Num Total	Den Total	Compliant / Non-compliant
Salem Health	Building B	3 West	1	4	0	11	11	100.0%
Salem Health	Building B	4 South	1	3	0	24	24	100.0%
Salem Health	Building B	5 NW	1	5	0	43	43	100.0%
Salem Health	Building B	5 S	1	3	0	10	10	100.0%
Salem Health	Building B	6 S	1	3	0	7	7	100.0%
Salem Health	Building A	CVCU	1	3	0	5	5	100.0%
Salem Health	Building A	ICU	1	4	0	92	93	98.9%
Salem Health	Building A	IMCU	1	3	0	15	15	100.0%
Salem Health	Building A	NTCU	1	6	0	39	40	97.5%
Totals				34	0	246	248	99.2%

As a result of this NEW countermeasure, countermeasures 2, 3, 4 and 5 have been eliminated, reducing waste in the process.

Key Learnings:

- It takes many plan-do-check-adjust (PDCA) cycles to close and sustain a gap.
- Failing forward does not close the gap but does contribute to learning.
- Following your data over time is crucial.

Success Factors:

- Collaboration of teams: Nursing Case Peer Review, Patient Safety, Practice Council, Patient Advocacy, Clinical Excellence, IS/Epic staff, BI staff, management staff, accreditation.
- Nursing Case Peer Review Committee making this problem solving for patient safety a priority for the organization and allocating adequate resources.

Next steps:

Sharing the success with a Magnet Exemplar.

For more information contact

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