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ABSTRACT

- Honoring patients' preferences is of paramount importance in providing quality end of life care. NY state law mandates DNR status to be clearly documented.
- Problem:** In 2014, 30% of palliative care patients at Harlem Hospital had uncertain DNR status due to incomplete DNR documentation. (Figure 1)
- Solution:** Multidisciplinary Performance Improvement Team formed in 2015
- Primary Objective:** Achieve 100% compliance with DNR documentation within 24 hours of initiation of DNR status within one calendar year.
- Methods:** Retrospective review of hospitalized palliative patients' charts (7/2014 to 6/2015) → Interdisciplinary surveys → Fishbone diagram highlighting barriers to DNR documentation (Figure 2) → Plan-Do-Study-Act cycles (Figure 3)
- Interventions:** In service training sessions, one on one interaction with stakeholders and staff bulletins.
- Analysis:** Chart review, PDSA cycles and run charts to assess the efficacy of planned interventions
- Results:** 2015 - 86% compliance; 2016 – high rates of compliance (Figure 4)

BACKGROUND

- Honoring patient preferences is a critical element in providing quality end-of-life care.
- Clarifying actual preferences also facilitates:
- Respect for patient autonomy, dignity and rights.
 - Non-maleficence
 - Beneficence
- Communication between the patient, his or her health care agent or another designated surrogate decision-maker, and health care professionals ensures:
- Shared, informed medical decision-making.
 - Facilitates detailed and adequate end of life care planning.
 - Avoids uncertainties of living wills.

THE PROBLEM

- There are high rates of ambiguous DNR documentation in patients' medical records.
- In 2004 within New York State:
- 31% of patients who had a DNR orders lacked documentation.
 - 30% of orders were not signed by an attending physician.
 - 2% of patients had unwritten DNR orders.
- In 2014 at Harlem Hospital Center:
- DNR status was uncertain in 30% of hospitalized palliative care patients. (Figure 1)

METHODOLOGY

To address this, we partnered with hospital administration, medical teams, nursing staff and the Palliative Care department to design a pilot project which aimed to achieve 100% compliance with DNR documentation within 24 hours of initiation of DNR status in one calendar year. (Figures 2 and 3)

FIGURE 1: PALLIATIVE CARE PATIENTS DNR CHARTS REVIEWED IN THE 3rd & 4th QUARTER OF 2014

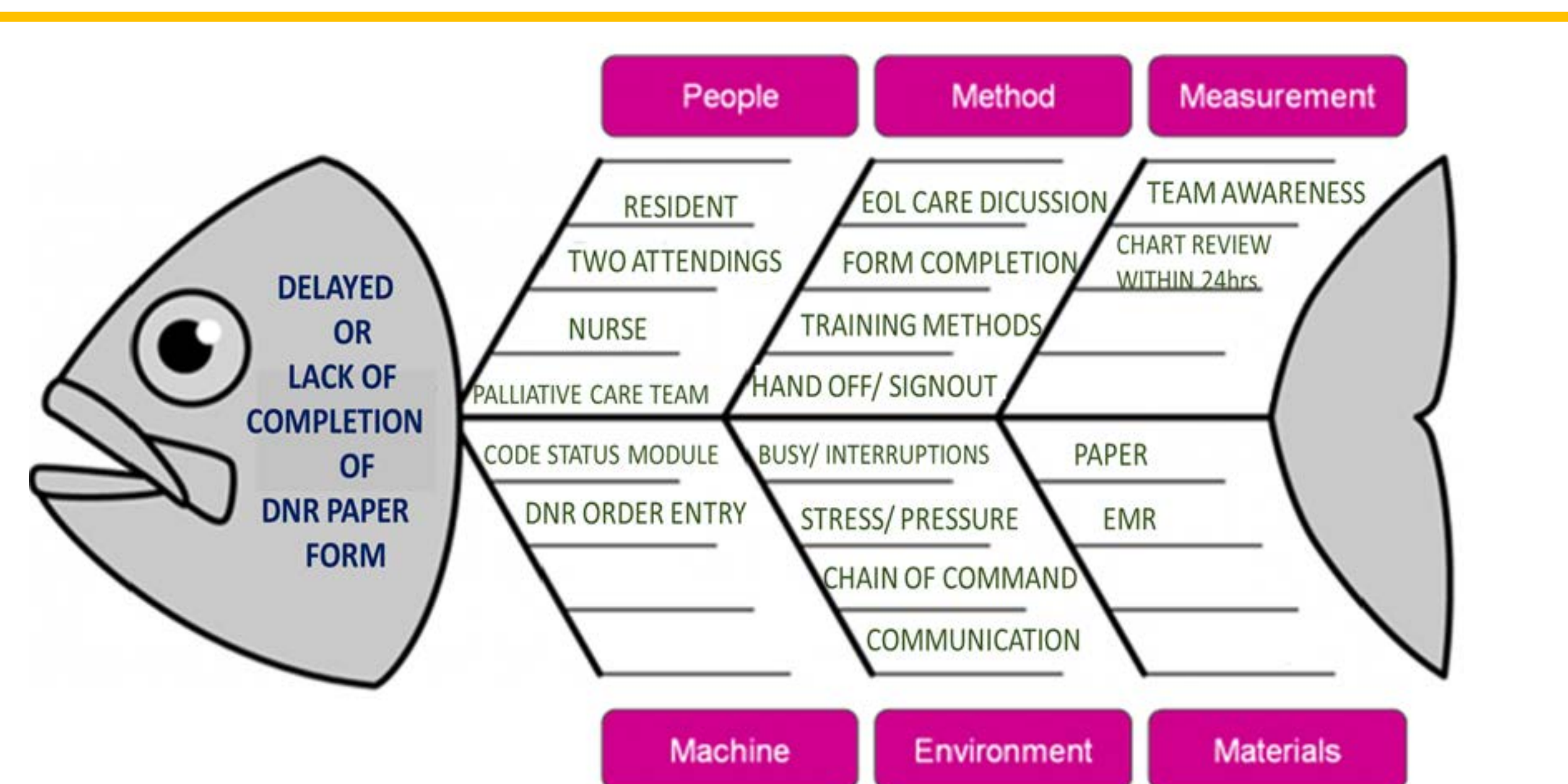
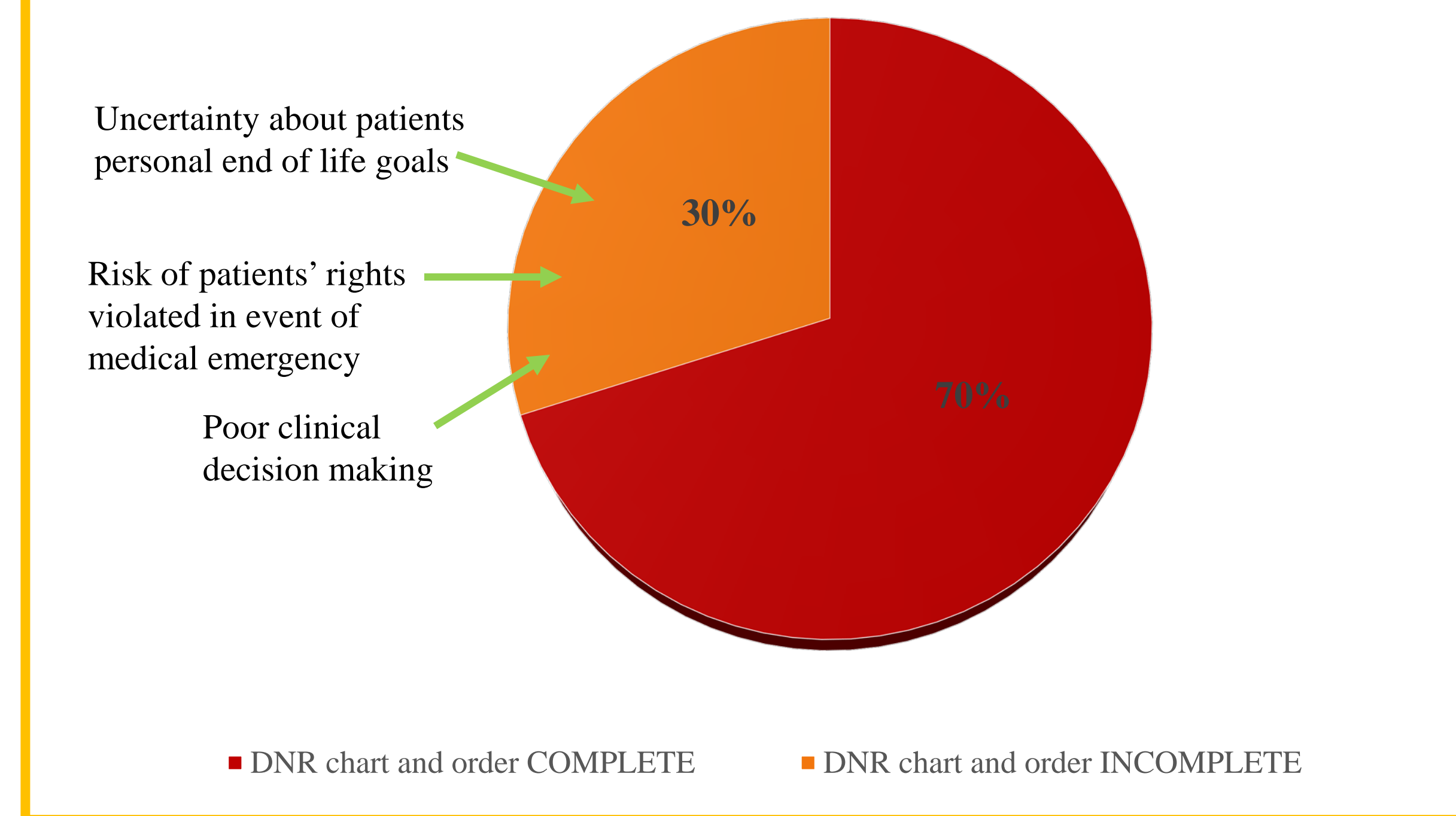


Figure 2: Fish bone diagram highlighting common barriers to completion of DNR documentation at Harlem Hospital Center.

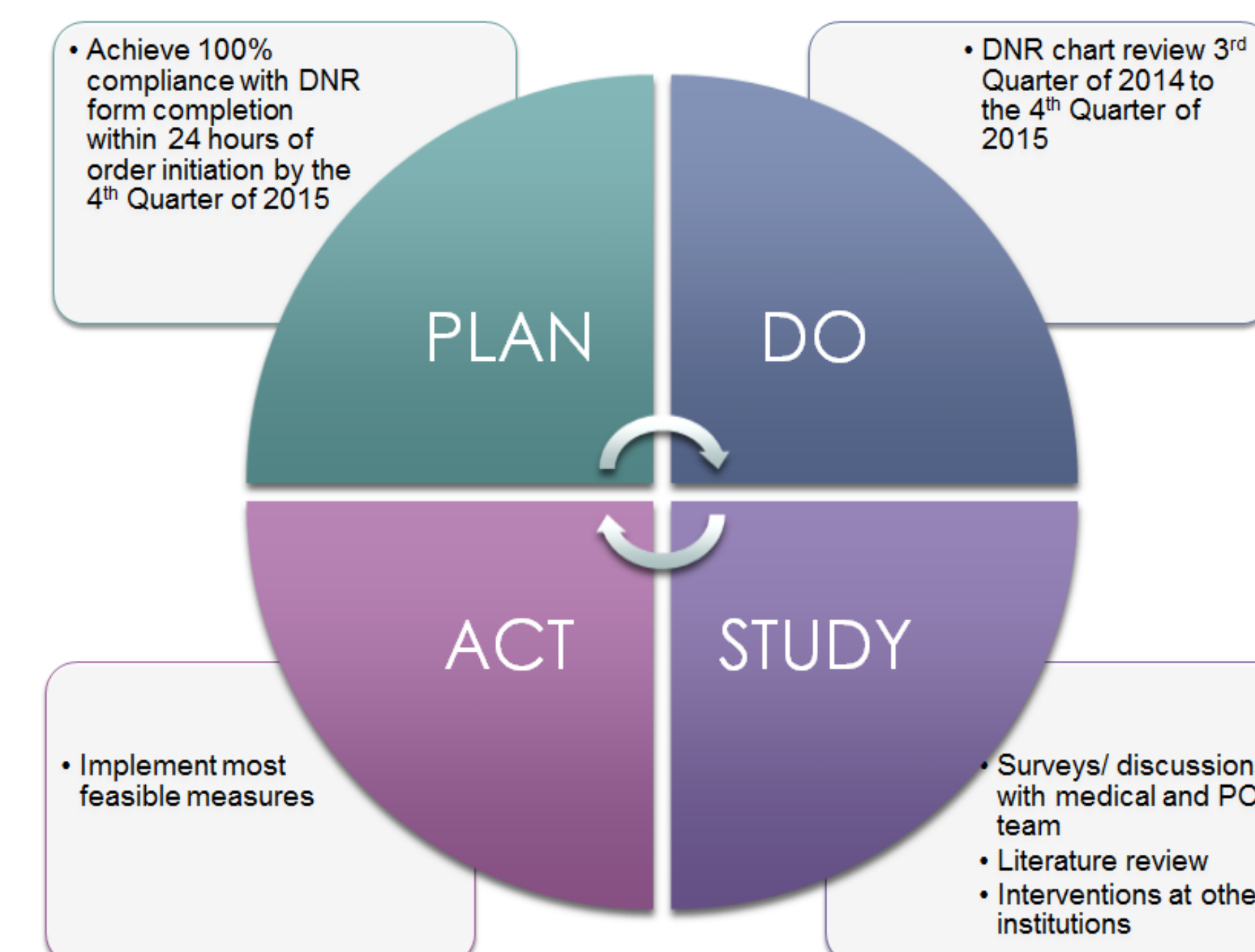
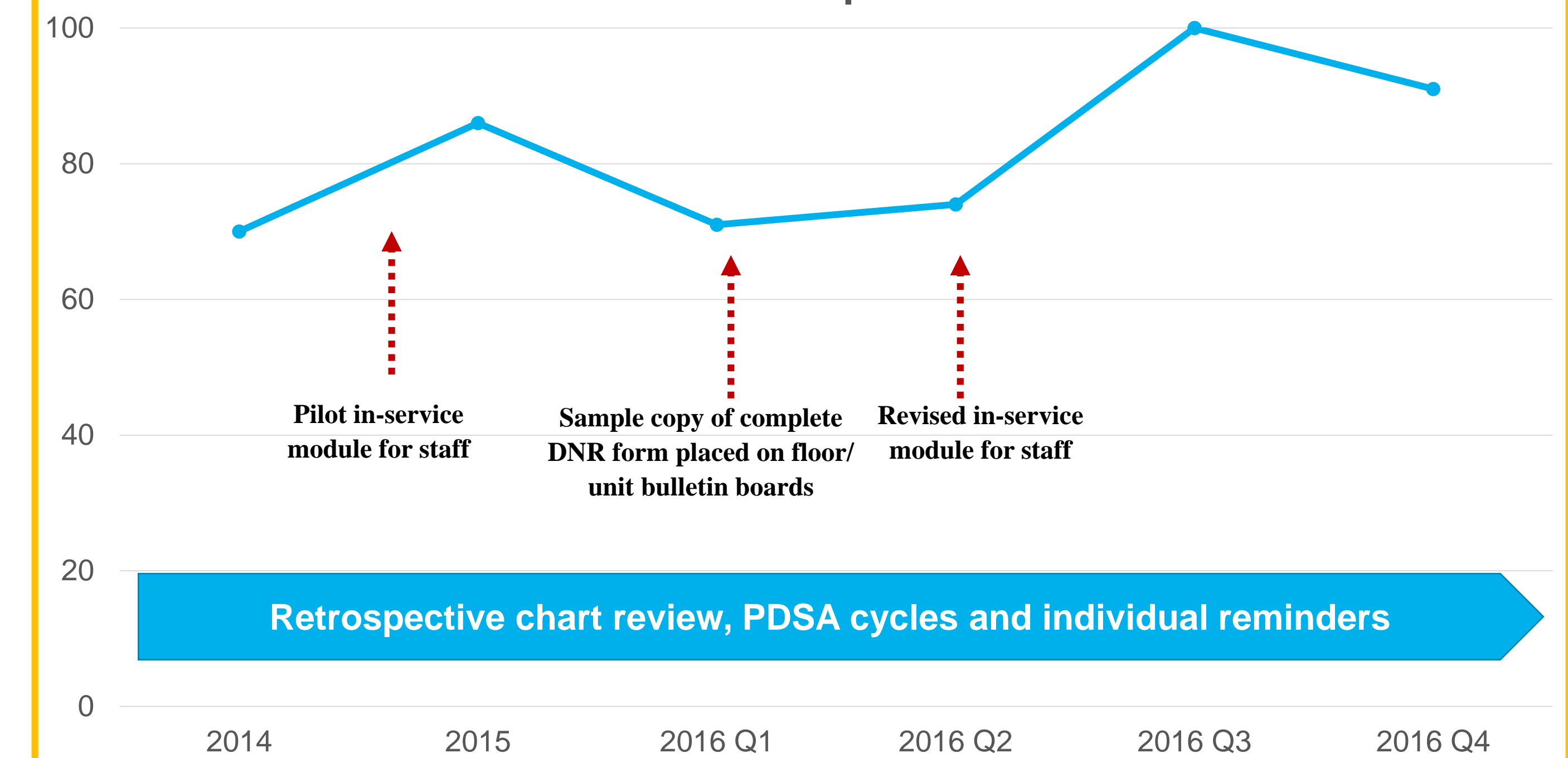


Figure 3: Initial PDSA cycle used to plan interventions. The PDSA cycle was updated periodically based on the compliance rates achieved in each quarter. This helped to refine future interventions.

RESULTS

Figure 4: Percentage of DNR Charts Correctly Completed within 24 hours of order entry among Palliative Care patients at Harlem Hospital Center



DISCUSSION

- By December 2015, 86% of patients with DNR status had an adequate documentation (specifically EMR order entry) within 24 hours of initiation of DNR status.
- There was 100% compliance with accurate and complete DNR documentation with EMR order entry within 24 hours was achieved by June 2016
- Throughout 2016, there was a sustained high rate of compliance (>90%)

Conclusion

- Simple but effective interventions led to high impact on outcomes.
- Implemented interventions led to a steady increase in compliance in 2015 followed by sustained high rates of compliance throughout 2016.
- This is a successful pilot project to study cost effectiveness and proficiency of high impact methods on sustainable change in the DNR documentation.
- In the future, we foresee a reduction in health care cost from unnecessary interventions and an overall improvement in providing quality end of life care at Harlem Hospital.

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