

'Do-Not-Resuscitate' Policy and Practice Review

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Audit on DNR Policy

Objectives

-  *To review nature of the DNR cases*
-  *To review the documentation on the DNR forms*
-  *To study the compliance on DNR policy*

Methodology

-  *Retrospective Record Review*

Sampling

-  *Patients who had DNR first signed during hospitalization from 1 to 31 January 2007*



Total of 238 DNR
signed



194 records
retrieved

Data reviewed:

- Number of patient died
- Characteristics of the “dead” vs “alive” group
- Compliance to items of DNR form
- Track “alive” group for 6 months



Distribution of 238 DNR cases

Discharge Status	AICU		COD		MED		NS		PAM		P&SS		SRG		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Dead	22	9.2	3	1.3	69	29	3	1.3	1	0.4	1	0.4	28	11.8	127	53.4
Transfer	-	-	3	1.3	78	32.8	1	0.4	-	-	-	-	8	3.4	90	37.8
Home	-	-	-	-	20	8.4	-	-	-	-	-	-	1	0.4	21	8.8
Total	22	9.2	6	2.5	167	70.2	4	1.7	1	0.4	1	0.4	37	15.6	238	100

Retrieved records

Medical records retrieved	AICU	COD	MED	NS	PAM	P&SS	SRG	Total
No. of DNR signed	22	6	167	4	1	1	37	238
No. of medical records available	18	6	140	2	0	0	28	194
% of records reviewed	81.82	100.00	83.83	50.00	0.00	0.00	75.68	81.51

Dead Vs Alive (N=194)

Dept	Dead	Alive	Total	% of total patient
AICU	18	0	18	9.28
COD	3	3	6	3.09
MED	65	75	140	72.16
NS	2	0	2	1.04
SRG	16	12	28	14.43
Total	110	84	194	100.00

56.7% died

Dead Vs Alive (N=194)

Dept	Dead	Alive
AICU	18	0
COD	3	3
MED	65	75
NS	2	0
SRG	22	6
Total	110	84

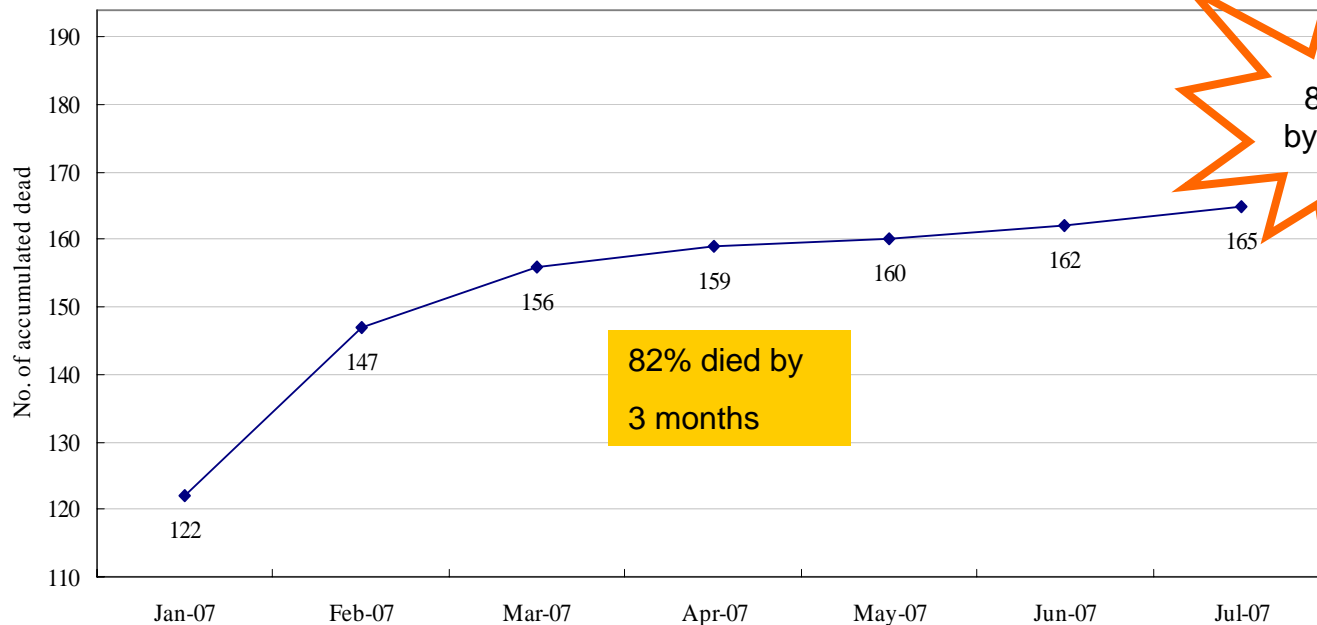
Sex Distribution

Duration (days)	Dead	Alive
Shortest	0	0
Longest	22	30
Average	2.92	4.88
Mode	0	1

Track over time for 6 month

As at	(N=84)		No. of accumulated dead for patients with DNR signed (N=194)
	Accumulated dead	Remained alive	
30 April 2007	49	35	159
31 May 2007	50	34	160
30 June 2007	51	33	161
31 July 2007	53	29	165

Cohort of patients with DNR forms signed (Jan 07 to Jul 07)



85% died by 6 months

82% died by 3 months

DNR form and compliance rate

>98% compliance

>98% compliance

~70% compliance !!!

~90% compliance !!

~75% compliance

100% compliance

>98% compliance

[Patient's Gum Label]	QUEEN MARY HOSPITAL DNR DOCUMENTATION FORM (勿予心肺復甦決定)																																		
A. Patient's medical problems : 1. _____ 2. _____ 3. _____																																			
B. Basis for decision not to provide cardiopulmonary resuscitation: <input type="checkbox"/> Option 1: Patient will almost certainly not benefit from CPR because of _____ Doctors in support of this resuscitation decision Name of Medical Officer: _____ Name of Doctor-in-charge: _____ (SMO/Consultant or equivalent) _____ <input type="checkbox"/> Option 2: Patient is unlikely to benefit from CPR because of _____ Doctors in support of this resuscitation decision Name of Medical Officer: _____ Name of Doctor-in-charge: _____ (SMO/Consultant or equivalent) _____																																			
C. Explanation has been provided to patient/relatives: 1. Patient/relatives approached by <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Name of doctor</td> <td style="width: 25%; text-align: center;">Signature</td> <td style="width: 25%; text-align: center;">Date</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> 2. State of Patient/Relatives Patient <input type="checkbox"/> is mentally competent. <input type="checkbox"/> is > 18 years old. <input type="checkbox"/> accepts. For patient who are either mentally incompetent or < 18 years old: <input type="checkbox"/> Relatives (s)/Parent(s) accept(s). State relationship to patient _____				Name of doctor	Signature	Date	_____	_____	_____																										
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Recommendations

- ☀ *Bring the audit findings and recommendations to the Clinical Ethics and Professional Standard Committee for discussion*
- ☀ *Consider to modify “DNR” form*



Current DNR form

[Patient's Gum Label]	QUEEN MARY HOSPITAL DNR DOCUMENTATION FORM (勿予心肺復甦決定)
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A. Patient's medical problems : 1. _____
 2. _____
 3. _____

B. Basis for decision not to provide cardiopulmonary resuscitation:

Option 1: Patient will almost certainly not benefit from CPR because of _____

Doctors in support of this resuscitation decision

Name of Medical Officer: _____
 Name of Doctor-in-charge: _____
 (SMO/Consultant or equivalent) _____

Option 2: Patient is unlikely to benefit from CPR because of _____

Doctors in support of this resuscitation decision

Name of Medical Officer: _____
 Name of Doctor-in-charge: _____
 (SMO/Consultant or equivalent) _____

C. Explanation has been provided to patient/relatives:

1. Patient/relatives approached by

Name of doctor	Signature	Date
_____	_____	_____

2. State of Patient/Relatives

Patient is mentally competent.
 is > 18 years old.
 accepts.

For patient who are either mentally incompetent or < 18 years old:

Relatives (s)/Parent(s) accept(s).
 State relationship to patient _____

D. This documentation form is filled by

Name of doctor	Signature	Date	Time
_____	_____	_____	_____

E. Dates of Renewing DNR Order

_____	_____	(Signature of Doctor-in-charge)
_____	_____	(Signature of Doctor-in-charge)
_____	_____	(Signature of Doctor-in-charge)
_____	_____	(Signature of Doctor-in-charge)
_____	_____	(Signature of Doctor-in-charge)
_____	_____	(Signature of Doctor-in-charge)
_____	_____	(Signature of Doctor-in-charge)

Revised in January 2000

Different by the degree of certainty

Lack of emphasis

Ambiguity

New DNR form

[Patient's Gum Label]

QUEEN MARY HOSPITAL
DNR DOCUMENTATION FORM
(勿予心肺復甦決定)

A. Patient's medical problems : 1. _____
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 accepts.

For patient who are either mentally incompetent or < 18 years old:

Relatives (s)/Parent(s) accept(s).
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D. This documentation form is filled by

Name of doctor _____ Signature _____ Date _____ Time _____

E. Dates of Renewing DNR Order

(Signature of Doctor-in-charge)

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(Signature of Doctor-in-charge)

(Signature of Doctor-in-charge)

(Signature of Doctor-in-charge)

(Signature of Doctor-in-charge)

(Signature of Doctor-in-charge)

Revised in January 2000

Revised on 1/6/08

[Patient's Gum Label]

QUEEN MARY HOSPITAL
DNR DOCUMENTATION FORM

A. Patient's medical problems: 1. _____
2. _____
3. _____

B. Basis for decision not to provide cardiopulmonary resuscitation (CPR):

Patient is unlikely to benefit from CPR because of

Terminal malignancy Profound neurological damage
 End-stage organ failure No response to maximal therapy

Others: _____

C. Explanation has been provided to patient/relatives and is accepted:

For competent patient: by patient

For minor or adult incompetent patient: by relative(s)/parent(s)*

- Understand in simple language what the medical treatment is, its purpose and nature and why it is being proposed;
- Understand its principal benefits, risks and alternatives;
- Understand in broad terms what will be the consequences of not receiving the proposed treatment;
- Retain the information for long enough to make an effective decision;
- Use the information and weigh it in the balance as part of the decision-making process;
- Make a free choice (i.e. free from pressure)

(Date) _____ (Name of Doctor) _____ (Signature)

(Date) _____ (Name of Doctor) _____ (Signature)

(Date) _____ (Name of Doctor) _____ (Signature)

*Delete as appropriate

Conclusion

- ☀ *A decision not to initiate CPR does not imply withholding or withdrawal of treatment or interventions*
- ☀ *Since DNR form is a formal document and a part of patient's permanent medical record, accurate documentation should be maintained*
- ☀ *This audit enabled us to see problems in compliance which led to a revision of existing form to a more user friendly version*
- ☀ *Revised form will be used in Queen Mary Hospital from 1 June 2008*
- ☀ *Educate medical and nursing staff on the revised DNR form together with the implementation guidelines*
- ☀ *Promulgate the definition and ethical basis of "DNR" to junior doctors via induction/orientation programmes*
- ☀ *Plan for repeat audit on compliance in 12 months*



Acknowledgement

CLUSTER RISK MANAGEMENT COMMITTEE HONG KONG WEST CLUSTER

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Ms Kathy Lee, GM(N), TWH
Ms. Winnie Yip, GM(AS), TWH



Thank You

