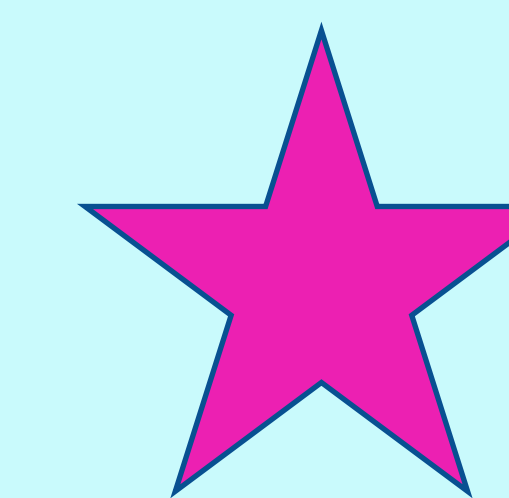


Identifying, Communicating, and Documenting DNR/MOLST Status in the Endoscopy Unit



Beth Borlase RN, CGRN, Mollie Loranger RN, BSN, Sharon Goodwin RN, BSN, Michelle Sheppard RN, MSN, DNPc, Dan Leffler MD and Sheila Barnett MD
Division of Gastroenterology, Anesthesia and Endoscopy Nursing


Introduction/Problem

- The Gastroenterology Unit performs 25,000 endoscopic procedures per year on patients with varied comorbidities.
- Do Not Resuscitate (DNR) or Medical Orders for Life Sustaining Treatments (MOLST) are not routinely addressed during the pre-procedure assessment.

Aim/Goal

- Knowledge of a patient's DNR/MOLST ensures that the endoscopy team (physicians, anesthesia and nursing) meet patient's needs and expectations

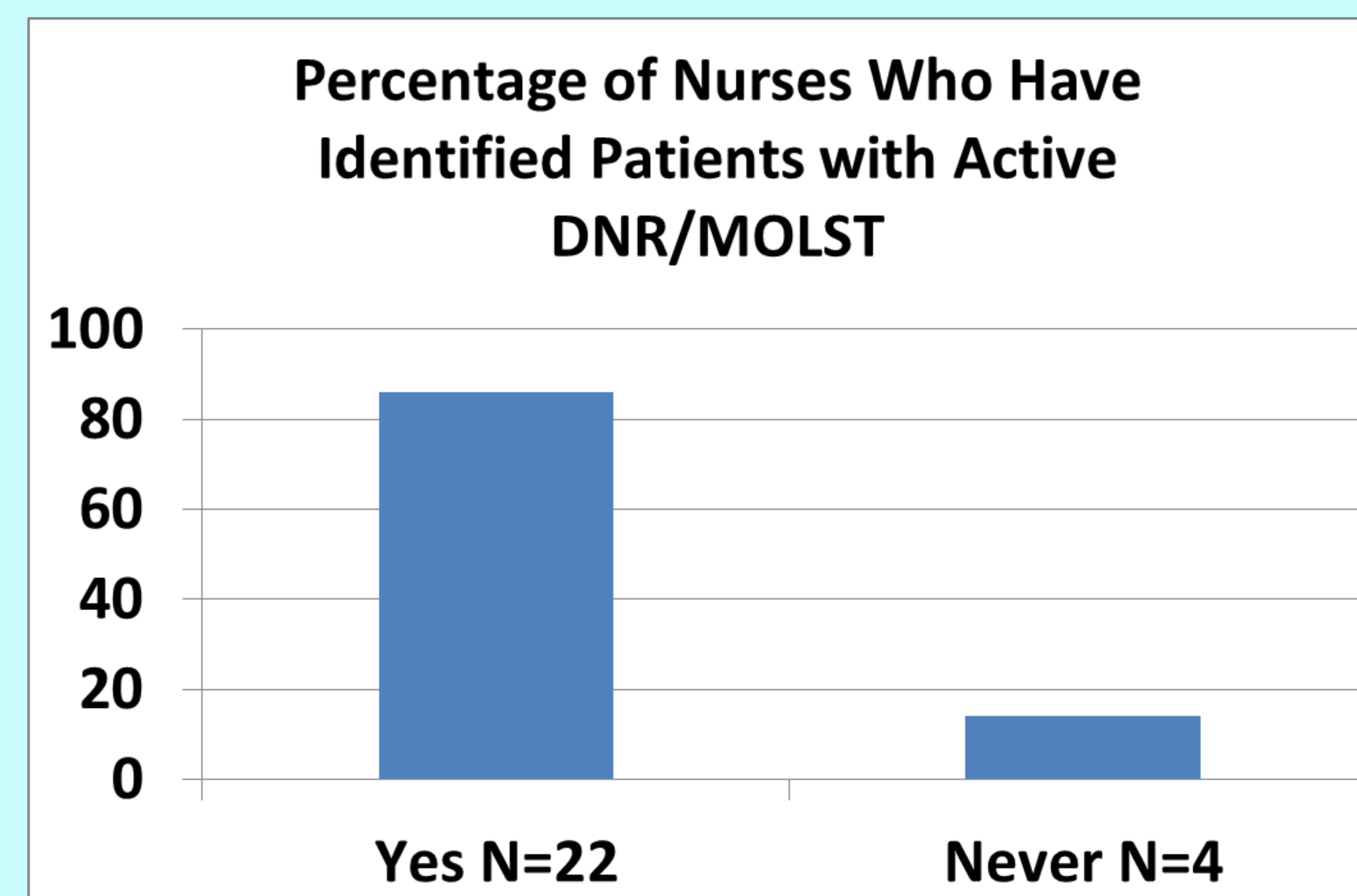
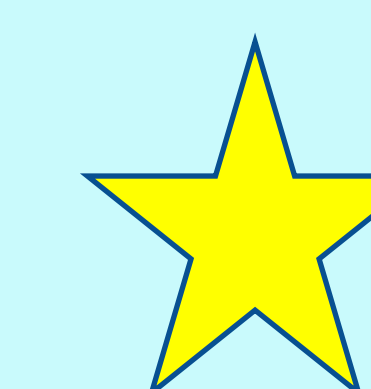
The Interventions

- Pre-procedure endoscopy assessment sheets were revised to include the documentation of an existing DNR/MOLST status.
- Nurses were prompted to communicate a patient's active DNR/MOLST status to attending physicians.
- Physicians would then have a conversation with the patient regarding their DNR/MOLST and whether or not to suspend the order during the peri procedure period.
- A template was created in the online medical record to document the conversation.
- A star sticker  is then placed on patient's wrist ID band to further identify an active DNR/MOLST.
- The code status of all patients is included in "Time Out" to ensure communication among all team members.

Results/Progress to Date

- Patients code status and wishes are consistently addressed.
- Nurses and physicians are educated on the differences between healthcare proxy and legal advance directives versus DNR/MOLST addressed with a physician.
- Anesthesia Nurse Practitioners are now involved in the identification process.

Figures

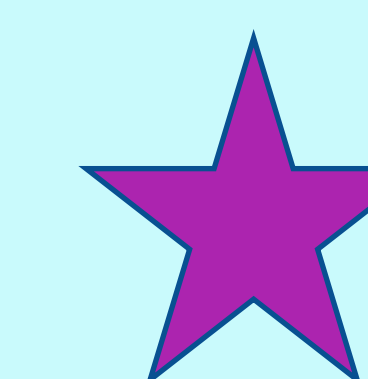



Lessons Learned

- Staff needed additional and ongoing education regarding the difference between healthcare proxy and legal advance directives versus DNR/MOLST addressed with a physician.
- Education and support was necessary to improve the staff's comfort level when assessing patient's DNR/MOLST status .
- Staff were taught not to assume that all patients would want life sustaining treatments if required during the peri-procedure period.

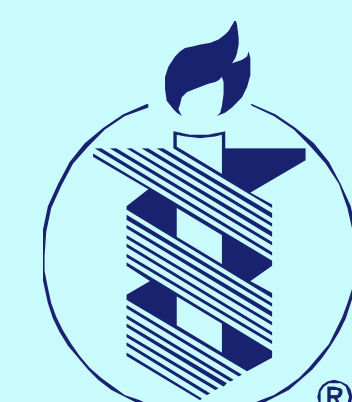
Next Steps

- Continue surveys to identify improvement opportunities.
- Potential for anesthesia and cardiology departments to implement DNR/MOLST status in operating and procedure rooms.
- Potential hospital wide use of this quality improvement.
- Spread to other endoscopy units around the country at this year's SGNA national conference.

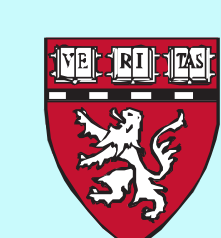


For more information, contact:

Beth Borlase RN, CGRN bborlase@bidmc.harvard.edu



Beth Israel Deaconess
Medical Center



HARVARD MEDICAL SCHOOL
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