The Revised DNR Order

-Comfort Care through Ohio's Hospice-

Objectives

1. Discuss Hospice of Central Ohio's affiliation with Ohio's Hospice Incorporated.
2. Understand our goal of providing superior not-for-profit care to people living with serious illness in the state of Ohio.
3. Understand Ohio's revised DNR Comfort Care Order implemented September 1, 2019.
4. Understand the philosophy of Ohio's Hospice in providing comfort care.

Hospice of Central Ohio- an affiliate of OHI

Hospice of Central Ohio was founded in 1982 by nine volunteers who, with private funding and community donations, provided in-home hospice care for 18 patients in our first year of operation.

Over the last 37 years we have expanded our scope. Currently providing Hospice, Palliative, and Chronic Care Management in 9 counties including in-patient services at Licking Memorial Hospital, Fairfield Medical Center and the Ohio State University Wexner Medical Center.

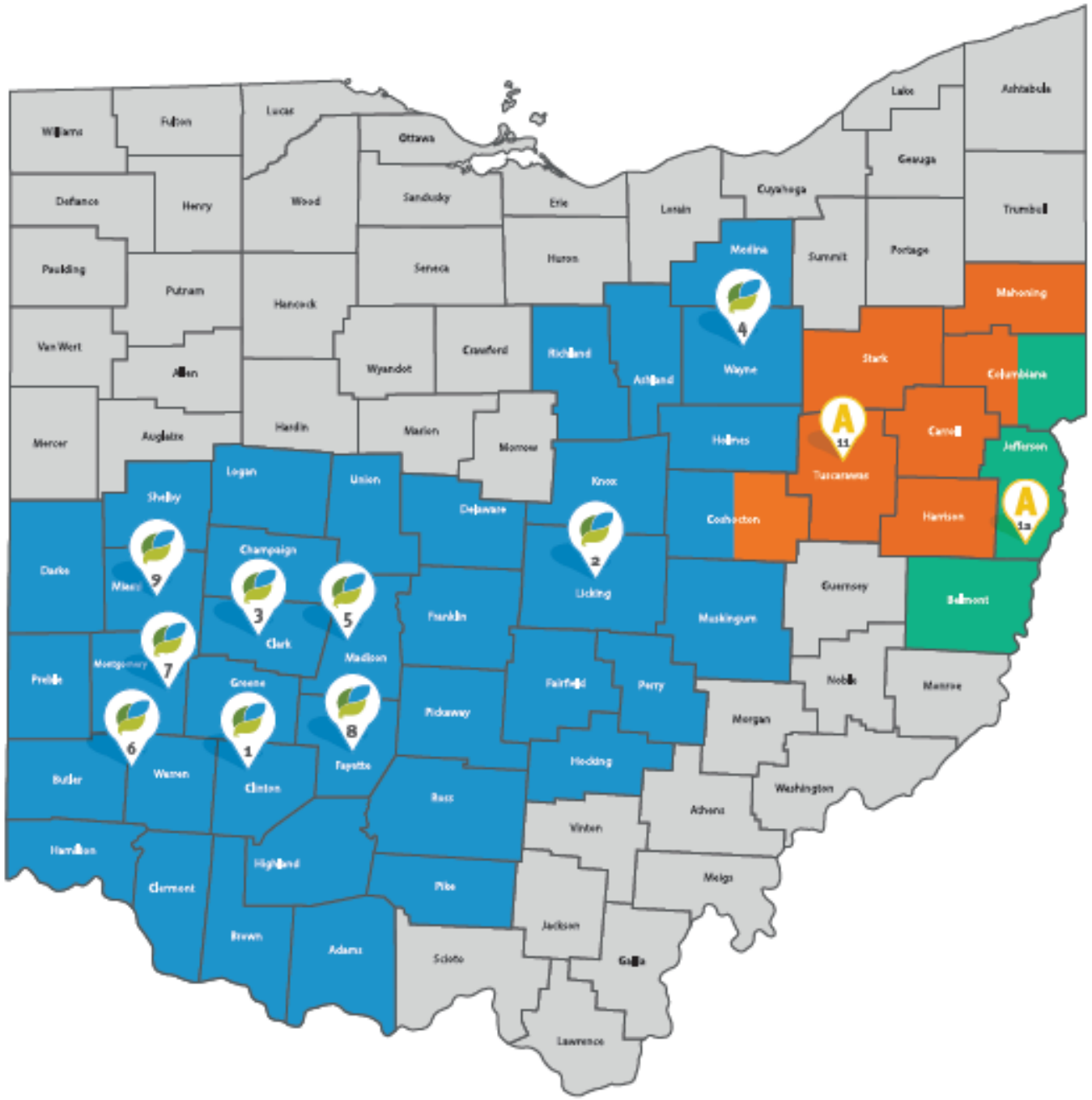
Hospice of Central Ohio- an affiliate of OHI

In 2016 Hospice of Central Ohio joined with Hospice of Dayton to form Ohio's Hospice Inc., with the goal of strengthening the voice of the not-for-profit provider across the state and elevating the services provided to ensure consistent, superior care for the seriously ill.

Currently we are honored to be serving approximately 2,400 hospice patients and 590 non-hospice patients in 45 counties.

Overarching goal of providing irreplaceable care with a philosophy rooted in both quality and access.

Ohio's Hospice Affiliate and Associate Member Map



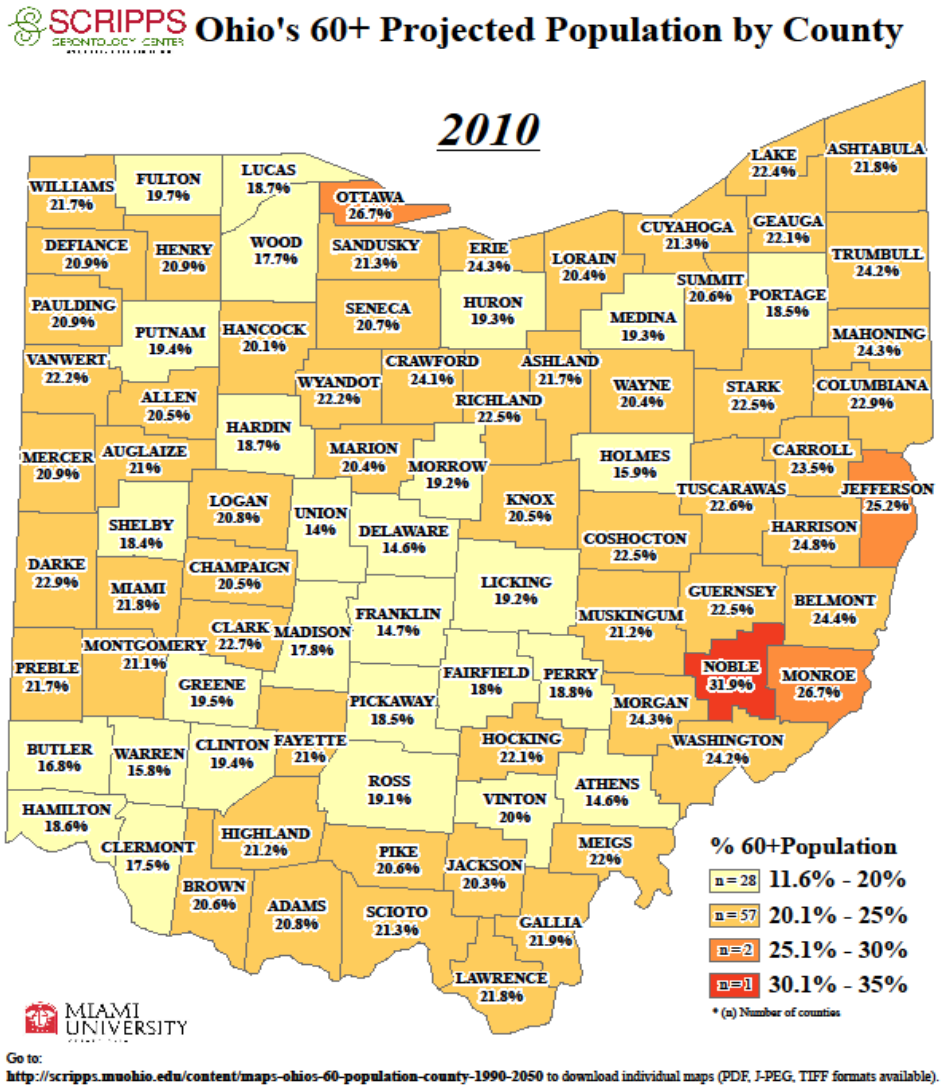
Ohio's Hospice

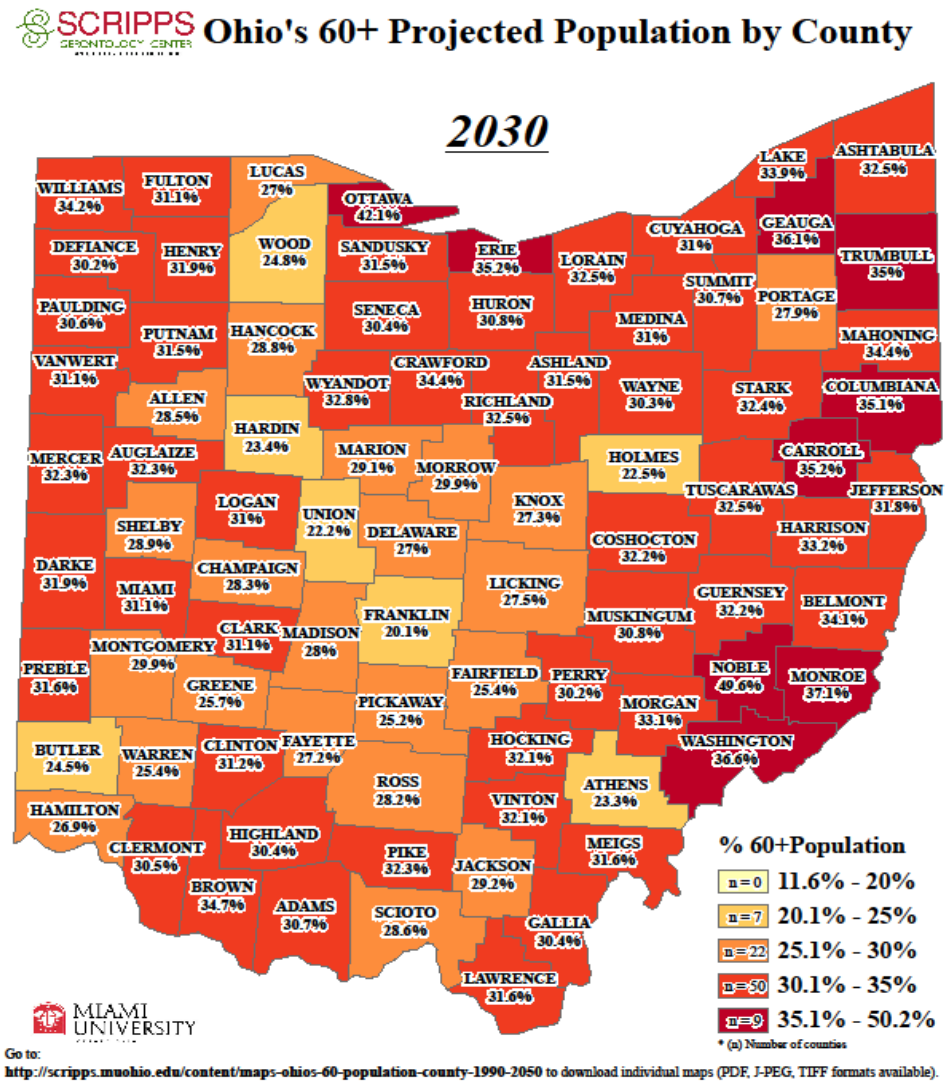
1. Community Care Hospice - Wilmington
2. Hospice of Central Ohio - Newark
3. Ohio's Community Mercy Hospice - Springfield
4. Ohio's Hospice LifeCare - Wooster
5. Ohio's Hospice Loving Care - London
6. Ohio's Hospice of Butler & Warren Counties - Middletown
7. Ohio's Hospice of Dayton - Dayton
8. Ohio's Hospice of Fayette County - Washington Court House
9. Ohio's Hospice of Miami County - Troy
10. Ohios Hospice at United Church Homes - Beavercreek, Dayton, Fairborn

Associate Members

11. Community Hospice - New Philadelphia
12. Valley Hospice - Rayland

Ohio Aging





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Ohio's Hospice is an affiliation of not-for-profit hospice providers committed to:

ACCESS

Increasing access, diversifying our care and service offerings to reduce suffering, pain, helplessness and unwanted waiting for people in need of hospice and palliative care in the communities we serve

QUALITY

Continuous improvement in the delivery of superior care and superior service to all we have the privilege of serving

SUSTAINABILITY

Improving efficiency and performance to ensure mission sustainability and enhance accountability

COLLABORATION

Creating and maintaining meaningful partnerships and collaborative initiatives with healthcare providers to improve the quality of care and outcomes of our patients

KINDESS

Creating and fostering a positive, strong culture that attracts, retains and promotes the very best staff

Abundance in access – providing care to those who might otherwise not be served.

Abundance in quality- measured and reproducible.

Abundance in sustainability- mission only matters if you are still around tomorrow.

Abundance in collaboration- good solid partners.

Abundance in goodness- manifested in a culture of authentic kindness

Our first commitment is to meet the needs of patients and their families wherever they call home.

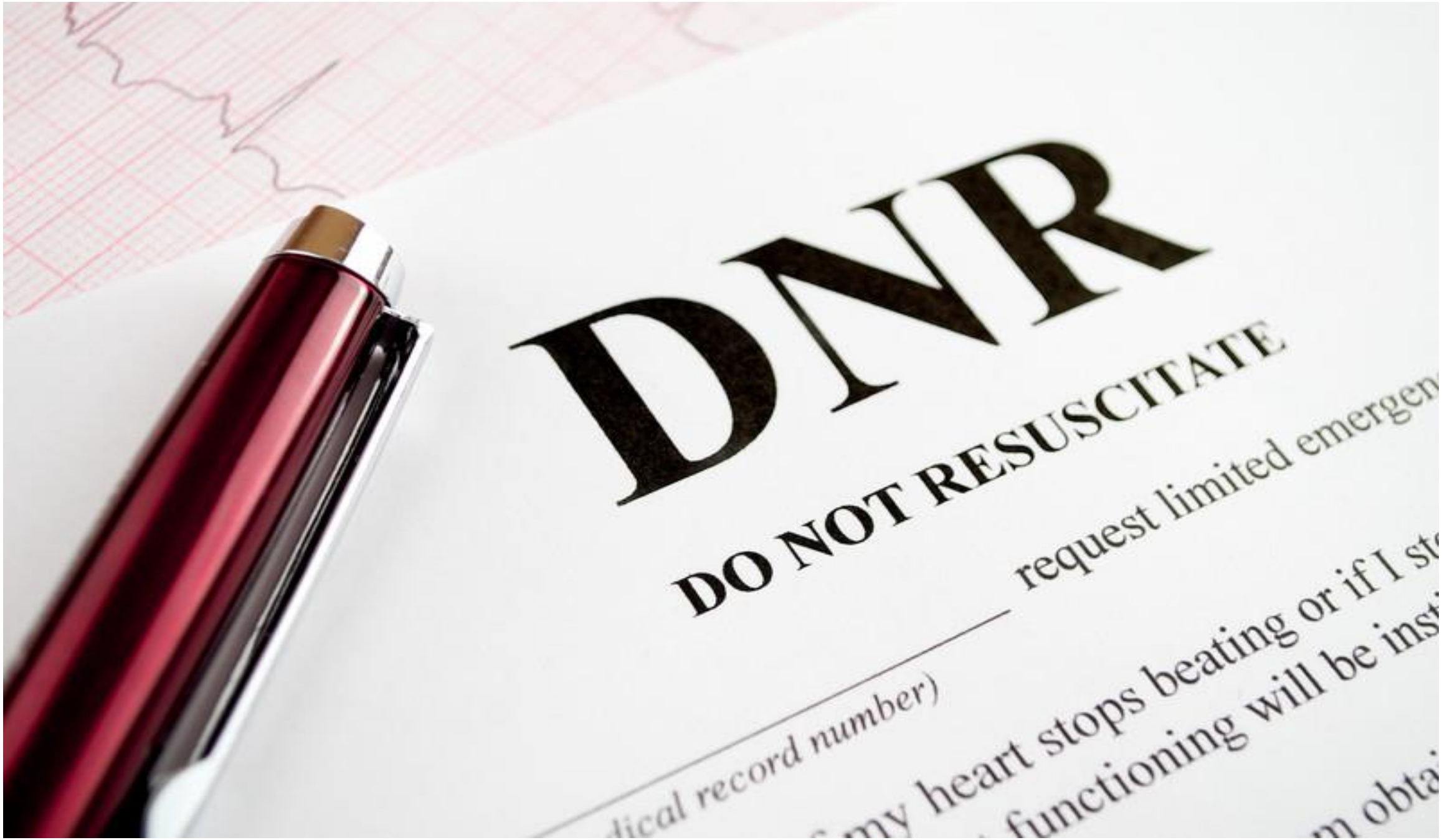
Our focus is on people, not profits, we offer services many other hospices cannot –sophisticated complex symptom management, respiratory care, infusions, specialty pharmacy services, functional therapies, complimentary therapies.

Our Quality of Life teams include nurses, physicians, APRNs, social workers, chaplains, personal care specialists, and volunteers.

Basic Medical Care can be consistent with Comfort Care

Ohio's Hospice providers share the conviction that providing what the patient needs to live in the best way that they can, in the context of terminal illness, is consistent with superior comfort care.

Ohio's revised DNR Comfort care order has been helpful in providing some definition of comfort care and has become an effective teaching tool for patients and families.


DNR
DO NOT RESUSCITATE
request limited emergen
dical record number)
my heart stops beating or if I st
functioning will be inst
m obtai

- Ohio Administrative Code Chapter 3701-62 created the original DNR identification form as a standard statewide rule enacted in 1999. Authorized by Ohio Revised code Sections 2133.21 through 2133.26

Do-Not-Resuscitate (DNR)

Do-Not-Resuscitate Comfort Care (DNRCC) and Do-Not-Resuscitate Comfort Care -Arrest (DNRCC-Arrest) orders allow individuals to make their choices pertaining to CPR known to emergency services personnel, heath care facilities, and healthcare providers.

- Old DNR Form

DNR IDENTIFICATION FORM

(Check only one box)

❑ **DNRCC** (If this box is checked the DNR Comfort Care Protocol is activated immediately.)

❑ **DNRCC-Arrest** (If this box is checked, the DNR Comfot Care Protocol is implemented in the event of a cardiac arrest or a respiratory arrest.)

Patient Name:		
Address:		
City:	State:	Zip:
Birthdate:	Gender: ❑ M ❑ F	
Signature: (optional)		

Certification of DNR Comfort Care Status (to be completed by the physician)*

(Check only one box)

❑ **Do-Not-Resuscitate Order**—My signature below constitutes and confirms a formal order to emergency medical services and other health care personnel that the person identified above is to be treated under the State of Ohio DNR Protocol. I affirm that this order is not contrary to reasonable medical standards or, to the best of my knowledge, contrary to the wishes of the person or of another person who is lawfully authorized to make informed medical decisions on the person's behalf. I also affirm that I have documented the grounds for this order in the person's medical record.

❑ **Living Will (Declaration) and Qualifying Condition**—The person identified above has a valid Ohio Living Will (declaration) and has been certified by two physicians in accordance with Ohio law as being terminal or in a permanent unconscious state, or both.

Printed name of physician*:	
Signature:	Date:
Address:	Phone:
City/State:	Zip:

*A DNR order may be issued by a certified nurse practitioner, clinical nurse specialist, or a physician assistant when authorized by section 2133.211 of the Ohio Revised Code.

- Over the last decade there have been multiple attempts in Ohio to adopt POLST (*Physician Order for Life Sustaining Treatment*) or MOLST (*Medical Order for Life Sustaining Treatment*) legislation without success.
- DNR Comfort Care order was revised in March 2019 and implemented September 1, 2019.

New DNR Form

DNR ORDER FORM

A printed copy of this order form or other authorized DNR identification must accompany the patient during transport and transfers between facilities

Patient Name:	Patient Birth Date: / /
Optional Patient or Authorized Representatives Signature	
Printed name of Physician, APRN, or PA*	Date
REQUIRED Signature of Physician, APRN, or PA	Phone
REQUIRED for APRN or PA: Name of the supervising physician (PA) or collaborating physician (APRN) for this patient and the physician's NPI, DEA, or Ohio medical license number.	

CHECK ONLY ONE BOX BELOW

☐ **DNR Comfort Care – Arrest:** Providers will treat patient as any other without a DNR order until the point of cardiac or respiratory arrest at which point all interventions will cease and the DNR Comfort Care protocol will be implemented.

☐ **DNR Comfort Care:** The following DNR protocol is effective immediately.

DNR PROTOCOL

Providers Will:	**Providers Will Not:**
• Conduct an initial assessment • Perform Basic Medical Care • Clear airway of obstruction or suction • If necessary for comfort or to relive distress, may administer oxygen, CPAP or BiPAP • If necessary, may obtain IV access for hydration or pain medication to relieve discomfort, but not to prolong death • If possible, may contact other appropriate health care providers (hospice, home health, physician, APRN, or PA)	• Perform CPR • Administer resuscitation medications with the intent of restarting the heart or breathing • Insert an airway adjunct • Defibrillate, cardiovert, or initiate pacing • Initiate continuous cardiac monitoring

Physicians, emergency medical services personnel, and persons acting under the direction of or with the authorization of a physician, APRN or PA who participate in the withholding or withdrawal of CPR from the person possessing the DNR identification are provided **immunities under section 2133.22 of the Revised Code**. This DNR order is effective until revoked and may not be altered. Any medical orders, instructions, or information, other than those required elements of the form itself, that are written on this order form are not transportable and are not provided protections or immunities.

* A DNR order may be issued by an Advanced Practice Registered Nurse (APRN) or Physician Assistant (PA) when authorized by section 2133.211 of the Ohio Revised Code.

Form HEA 1930 Revised 09/01/2019

White – Medical Records Yellow – Nursing Home/Facility Based/Pt Home

Improvements

- Clarified as a transferable/transportable physician's order, not just an identification form.
- Clearer, easy to read format
- Requires only the physician's name and phone number- easier to fill out
- Clearly defines DNRCC- A
- Allows for appropriate breadth of interpretation when defining comfort care
- Allows persons to be assessed and provided basic medical care without having to revoke the order.
- Clarifies that the order should not be altered and that written additions are not appropriate/nor transportable or protected, ie. DNI

OHI and Comfort Care

- Assessments are always appropriate with every encounter
- Basic Medical Care can include fracture care, wound care, antibiotics, fluids, cardiac supportive infusions, tube feeding, dialysis, BIPAP, high flow oxygen and non-invasive ventilator support, functional and complimentary therapies, specialty consults, single fraction or shorter course radiotherapy, short-term palliative chemotherapy, ventilator and LVAD support (OSUWMC).
- OHI supports these types of therapies in the community and at our inpatient care centers everyday- the majority of our patients have a DNR-CC order on their charts.

DNR-CC allows the patient to choose to stay at home

The understanding and expectation of the patient and family is that these therapies can be supported if consistent with comfort and defined goals.

When therapies are no longer desired, no longer helpful or possibly harmful- the treatment is discontinued.

OHI has a long history of not making the patient choose what he/she does not yet understand. Long standing provider relationships and treatments can be a source of emotional security.

Allowing people to land, experience and trust is the first step.

Some important statistics to consider

80% of Americans state they would rather die in the place they call home.

If end-of-life preferences and options for care are discussed with patients before the crisis happens, the chance of dying in the hospital drops from 50% to 19%

words
have
power

“Withdraw care”- we never stop caring, just change the focus of treatments/interventions

“Futile”- life is never futile, sometimes medical interventions can be less effective or not helpful

“Stopping treatment”- the only treatments that might be stopped are those that are harmful, hastening death, no longer helpful or preventing the patient from meeting their goals

“Hopeless”- reframing hope…getting people back to the environment that they hope to be in- not alone, but with superior care

Try to avoid these phrases, thoughts…

Phrases continued:

"Comfort measures only" – Comfort often includes antibiotics, fluids, transfusions, palliative chemotherapy, dialysis.

DNR does not mean Do Not Treat

"Do you want us to do everything?"- what does everything mean to you?

Quality of Life is a dynamic, ever changing, very personal concept. Unique to every person

Superior Comfort Care for the most seriously ill….

- Hope for the best…prepare for the rest…
- Permission to speak openly about hopes, fears, and plan actively
- The gift of time– to intentionally seek reconciliation and express gratefulness
- To choose where they want to be

Our Three Pillars

To bring *peace*

To provide *comfort*

To protect *dignity*

References

ODH.ohio.gov

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National Hospice and Palliative Care Organization

Primer of Palliative Care, 5th Edition

American Academy of Hospice and Palliative Medicine

Oxford Textbook of Palliative Medicine, 4th Edition