

DNR Task Force Update – August 2006

In 1999, the Emergency Health Services Branch (EHSB) of the Ministry of Health and Long Term Care (MOHLTC) introduced a policy with respect to DNR Orders and Interfacility Transports, along with the *D.N.R. / Validity Order* form. This allowed paramedics to honour patient Do Not Resuscitate (DNR) orders during inter-facility ambulance transfers, provided all preconditions as set out in the policy were met. Prior to this date, MOHLTC policy did not permit paramedics to honour a DNR. The new policy was a major step forward in enabling paramedics to respond appropriately to DNR situations.

However, challenges still existed within this regime, especially for people living in their own homes. Through the efforts of the Ontario Palliative Care Association (OPCA), the Provincial DNR Task Force was established in 2003 to address the situation. The Task Force, comprised of representation from a number of provincial groups, worked in close partnership with the Ministry of Health and Long Term Care to broaden the scope of the existing policy.

A new form, the *Do Not Resuscitate Confirmation (DNRC) Form*, and corresponding Basic Life Support Standard, have been developed to provide a method for paramedics and firefighters to honour DNR directives.

Great effort has been taken to ensure that the new process:

- meets the needs of patients and families
- is simple to use
- minimizes the chance of error.
- minimizes risk of liability to paramedics and firefighters

Additional benefits of the revised process are anticipated to include:

- reduced worry for patients and families
- increased efficiency
- consistency across the province due to a standardized approach for all regions
- consistency in approach for the majority first responders i.e. paramedics and firefighters
- reduced stress for paramedics and firefighters because of the ability to honour the wishes of patients

Task Force membership has included:

- Association of Municipal Emergency Medical Services of Ontario (AMEMSO)
- College of Nurses (CNO)
- MOHLTC representatives from the Emergency Health Services Branch and Legal Services Branch;
- Ontario Association of Fire Chiefs
- Ontario Association of Community Care Access Centres (OACCAC)
- Ontario Base Hospital Advisory Group
- Ontario Fire Marshal
- Ontario Palliative Care Association
- Ontario Paramedics Association (OPA)
- The Pain and Symptom Management Program (PSMP) Network

The Task Force's objectives have been to:

- Define the issues of palliative care patients and families in the home with respect to ambulance transfer to hospitals and other facilities
- Develop a new process and procedure for patients undergoing such transfers
- Once approved by the MOHLTC, develop an implementation and education strategy

The form and corresponding Standard have been revised by the Task Force and are in the final stages of approval. When final approval has been acquired, it will mean that the first two objectives will have been achieved. A plan for implementation and education is currently being developed.

Once final approval has been acquired from some remaining stakeholders, next steps will include:

- Formatting the form to Ministry standards
- Translating to French
- Printing the forms
- Developing a training package
- Finalize plan for implementation

The new process, unlike the current one, will allow the *DNRC Form* to be signed once by a physician, R.N., R.P.N. or R.N. (EC) and remain durable, that is, stay with the patient and be available for repeated use. The name of the form has been carefully chosen to reflect that the form itself does not constitute a plan of treatment. Rather, when signed, it will “confirm” that a plan of treatment for DNR exists and has been documented in the patient’s health care record. When this process is fully implemented, a form that is signed by one of the above-mentioned regulated health care providers will be sufficient to direct the practice of both paramedics and firefighters. Also, consistent with health care consent law and College of Nurses Standard, it will be possible for the form to be signed by a nurse in the absence of a physician-written order, if that is the direction of the patient or substitute decision-maker.

There is general agreement that when the current policy was implemented in April 2001, there were difficulties with the roll-out. The disciplines that were required to complete the *DNR Validity / Order Form* and the institutions that transfer patients did not receive much formal training and as such, many were not familiar with how to use the form. The Task Force wants to ensure, as far as possible, that those same types of problems do not occur again.

The Task Force is working actively to develop a multi-pronged approach to implementation. Educational materials, which are in the process of being developed, will focus on two aspects – 1) what physicians and nurses need to know as the people who have responsibility for completing the form on behalf of patients in their care, and 2) what paramedics and firefighters need to know as the people receiving patients into their care with completed forms. However, hospitals, long-term care homes and community care organizations, as the institutions involved in transferring patients, will also need to be aware of the new process and be available to support internal education for their staff. Therefore, the Task Force is interested in partnering with the respective discipline-specific and institutionally-specific associations to ensure that implementation runs as smoothly as possible.

The target date for implementation is fall 2006.

Chris Sherwood

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