QI TALK TIME

Building an Irish Network of Quality Improvers

#hello my name is...

Guidance regarding Cardiopulmonary Resuscitation and DNAR Decision-Making during the COVID-19 Pandemic- What is the guidance, why is it needed, what does it mean for practice?

1st December 2020

Prof S O'Keeffe, Dr B O'Shea and C. Gleeson

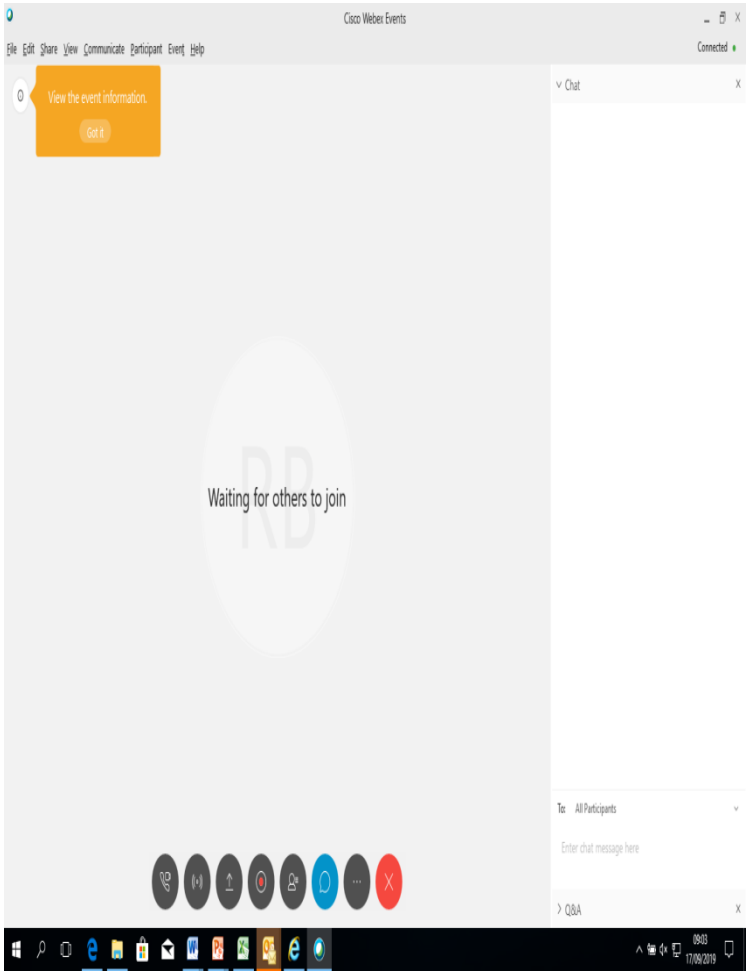
Housekeeping

- Sound: Computer or dial in:

Telephone no: 01-5260058

Event number: 174 737 0055#

- Chat box function
  - Comments/Ideas
  - Keep the questions coming
- **Twitter: @QITalktime/ #QITalktime**
- **Recording**



Introductions:

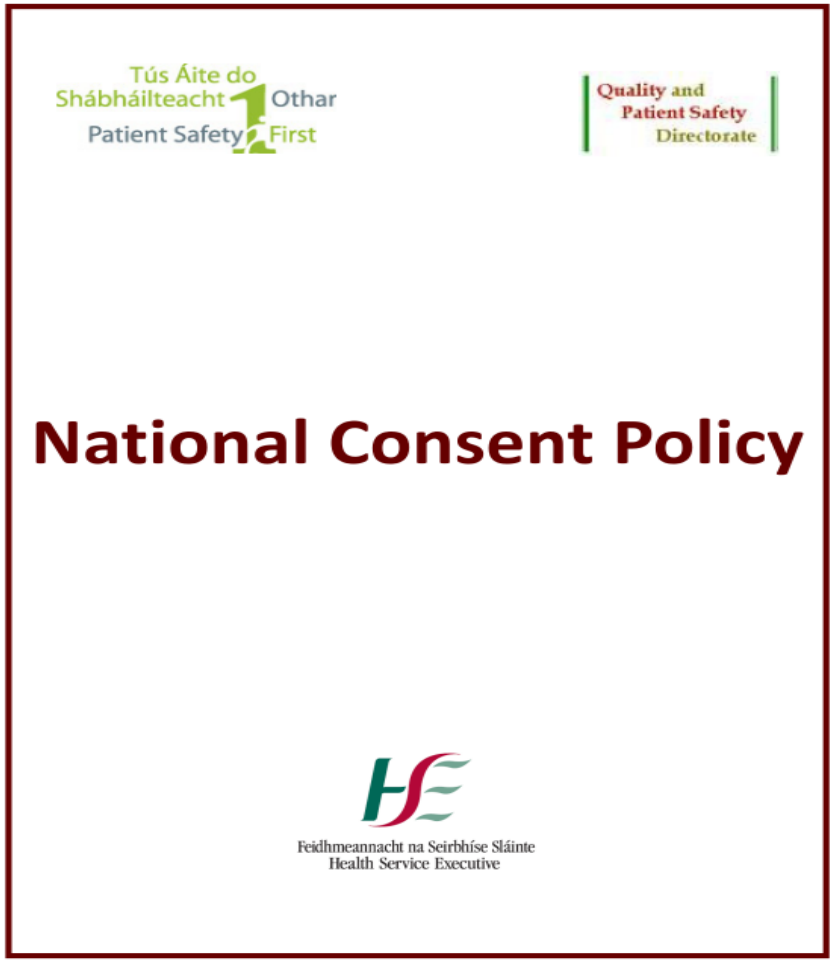
Prof Shaun O'Keeffe, Consultant Geriatrician, Co-Chair- HSE National Consent Advisory Group. He is a member of the HSE and Department of Health working groups on implementing the Assisted Decision Making (Capacity) Act 2015, including advance healthcare directives. Research interests include cognitive impairment, sleep disturbance and ethical issues in the care of older people.

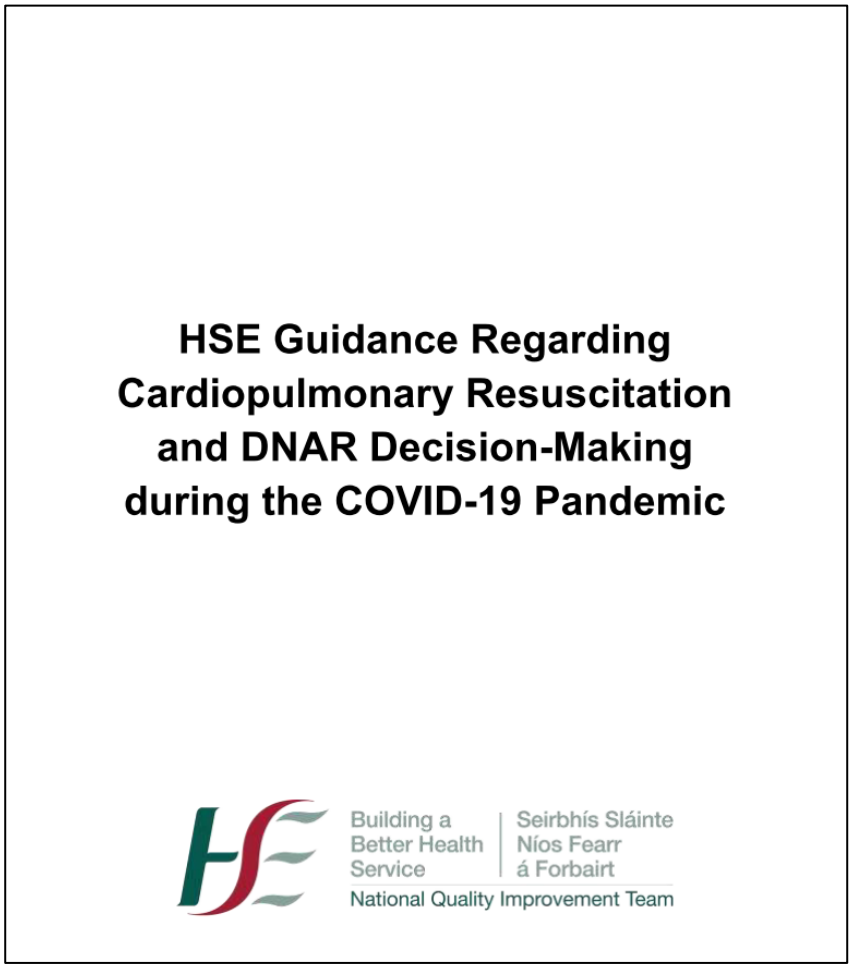
Dr Brendan O'Shea, GP & Principal in Practice in Co Kildare, on Council at The Irish College of General Practitioners, and Assistant Adjuvant Professor at Trinity College Dublin. Professional interests include improving care for people with multi-morbidities and end of life planning.

Caoimhe Gleeson is the National Programme Manager in the National Office of Human Rights and Equality Policy for the Health Services Executive which provides policy advice, guidance and training on key human rights issues and legislation. Her areas of interest include consent, patient autonomy and bodily integrity, decision making capacity, service user and family engagement and transgender rights and access to healthcare. Caoimhe is a member of Interdepartmental Steering Group on the Decision Support Service and manages the HSE National Consent Advisory Group and the HSE Assisted Decision Making Steering Group.

Guidance regarding Cardiopulmonary Resuscitation and DNAR Decision-Making during the COVID-19 Pandemic

Shaun O'Keeffe
Galway University Hospital





Part 4: Do Not Attempt Resuscitation decisions

N.B. Word ‘consent’ appears nowhere in DNAR policy

What’s Changed? Nothing (Almost!)

Non-Covid Developments

- HSE DNAR policy due to be revised this year
- Implications of “Tracey case”
- Assisted Decision-Making (Capacity) Act 2015 includes advance healthcare directives - not in force yet

Tracey Case UK Court of Appeal

Findings

- A presumption in favour of involving the patient; not to do so deprives the patient of the opportunity to seek a second opinion.
- Not to discuss or explain a decision about CPR a potential breach of Article 8 of the European Convention on Human Rights (the right to private and family life), which requires that individuals be notified and consulted with respect to decisions about their care.
- If a clinician 'considers that CPR will not work' the patient cannot demand it, but is still entitled to know that the clinical decision has been taken.

Not legally binding in Ireland BUT

- This interpretation of the ECHR, which is incorporated into Irish law, expected to apply here – likely same view wld be taken by Irish court in a similar case
- Not informing of DNAR decisions may raise fears of 'hidden' decisions.

Original: "However, it should be emphasised that this does not necessarily require explicit discussion of CPR or an 'offer' of CPR".

New: "[if] CPR would not be clinically indicated …should be explained sensitively but honestly to the person (or those close to the person). They should be helped to understand the severity of their condition, the inappropriateness of CPR and that a DNAR decision is necessary."

Covid 19 & DNAR

Fundamental principles of good clinical practice in DNAR decision-making and advance care planning remain the same.

- Having timely discussions
- Eliciting preferences, educating
- Balancing benefit and harm
- Non- discrimination

So, what's different then?

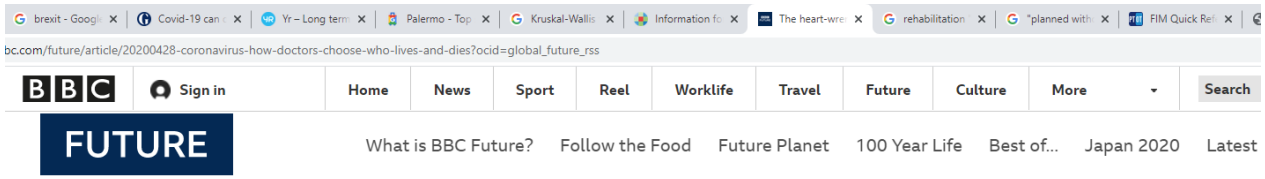
- New challenges - More difficult to get it right
- New pitfalls - New ways to get it wrong

New challenges

- Nature of severe Covid-19 alters benefit/harm of CPR and added urgency to need for advance planning
- Communication in an age of PPE, masks, restricted visiting and face to face consultations
- Risk to staff during CPR/ PPE issues - serious risk of aerosol exposure and infection from some procedures.
- Planning in case of shortage of resources: if too few beds for those with severe Covid needing and wanting ICU

ITV REPORT 2 April 2020 at 12:10am

Coronavirus patients could have treatment withdrawn to save others if hospitals become overwhelmed



HEALTH

The heart-wrenching choice of who lives and dies

Ventilators 'are being rationed for those most likely to survive coronavirus'

FINANCIAL TIMES

"NHS 'score' tool to decide which patients receive critical care"

New pitfalls

'Pandemicization' of decision-making

- Allowing surge precautions to influence other care
- Conflating not for ICU with not for hospital admission/ CPR
- Discriminatory group decision-making – especially abuse of scoring systems, older people, people with disabilities, residential care

Coronavirus: GP surgery apology over 'do not resuscitate' form

1 April 2020

Coronavirus pandemic

Purpose new guidance

- Restate existing policy to deal with challenges and avoid pitfalls
- Incorporate relevant new guidance from Department of Health
  - *Ethical Framework for Decision-Making in a Pandemic,*
  - *Ethical Considerations Relating to Critical Care in the context of COVID-19*
  - *Ethical Considerations for Personal Protective Equipment (PPE) Use by Health Care Workers in a Pandemic .*
- Stronger emphasis on advance care planning: In specified circumstances "*it is the responsibility of the senior clinical decision maker to ensure that advance care discussions occur in a timely manner*".
- Clearer guidance on reviewing and disseminating decisions

General Principles

- A decision not to attempt CPR applies only to CPR.
- DNAR decisions should be made in the context of the person's overall goals and preferences as well as the likelihood of success and the potential risks and harms.
- If a person with decision-making capacity refuses CPR, this should be respected
- General presumption in favour of CPR…**but**

- Non Discrimination:
  - *An individual should not be obliged to put a DNAR order or advance healthcare directive in place to gain admission to a long-stay care setting...*
  - There should be no discrimination for or against persons who have or are suspected to have COVID-19 in relation to DNAR decisions.
  - The pandemic does not justify deviating from that approach by making DNAR decisions on a group basis.

- Role of family or friends
  - *If the person is unable to participate in discussions after being given appropriate supports… those close to them may have knowledge of their previously expressed goals and preferences. However, [their role] is not to make the final decision regarding CPR or to 'consent' to a DNAR decision as this authority does not exist under current Irish law. The purpose of these discussions is to help the senior clinical decision maker make the most appropriate decision having regard to the goal and preference of the person.*

When there is disagreement about the balance of benefits and risks of CPR

Many disagreements result from miscommunication and misunderstandings…In many such cases, continued discussion will lead to agreement, and an ultimate decision should be deferred pending further discussion.

If disagreement persists, an offer of a second, independent opinion should be made.

Where all previous efforts at resolution have proven unsuccessful it may be necessary for parties to consider obtaining legal advice.

Out-of-Hospital Cardiac Arrest Register

OHCAR Ireland

At the heart of evidence

Ireland: Seven year period 2012 – 2018

- OHCAR cases of arrest in Residential Care Facility = **1,239**
- Number of survivors = **28** (**2.3%**)
- Urban setting, witnessed arrest, shockable rhythm and early defibrillation predicted survival.
- Call response time for survivors was median 9 minutes
- Successful OHCAR CPR even less likely during Covid-19?

Emergency Radiology | Published: 09 November 2017

Use of whole body CT to detect patterns of CPR-related injuries after sudden cardiac arrest

- 85% rib fractures
- 31% sternal fractures
- 13% mediastinal haematoma
- 10% pneumothorax
- 8% pneumomediastinum
- 3% haemothorax
- 8% abdominal injuries

'If the expected outcome is death, a procedure less dignified and peaceful could hardly be devised'.

(Saunders 1992)

Miscommunication

- CPR is not a cure for ordinary dying
- “Would you like CPR?” – an invitation to sign your own death warrant?
- Need for education, direction from healthcare professionals

A physician who merely spreads an array of vendibles in front of his patient and then says "Go ahead, choose, it's your life" is guilty of shirking his duty...

Inglefinger, NEJM 1980

Guidance regarding Cardiopulmonary Resuscitation and DNAR Decision-Making during the COVID-19 Pandemic

What is the guidance, why is it needed, what does it mean for practice?

Dr Brendan O' Shea MD FRCGP

Principal in General Practice

Asst. Adjuvant Professor, Public Health and Primary Care TCD

ICGP Council (Educational Governance / ICGP SIG Nursing & Care Homes)

Declaration of Interests

- Board Member at Irish Hospice Foundation
- No material conflict of interest

Guidance regarding *CPR* and *DNAR Decision-Making* during COVID-19 Pandemic

What is the guidance ?
Why is it needed?
What does it mean for practice?

Could you plan an EoLP Audit Cycle on your service ?

Plan **Survey 1** **Identify Changes** **Improve the Care** **Survey 2**

Could you plan an EoLP Audit Cycle on your service ?

Plan Care **Survey 1 Survey 2** **Identify Changes** **Improve the**

The Guidance

- All people should be consulted about their preferences re EoLC in a timely manner
- They should be supported in this by social and professional carers
- As far as possible, their preferences should be elicited, recorded, & respected
- As far as possible, preferences should be acted on

Think Talk Tell Record Review

Good to think of Cardiopulmonary Resuscitation and DNAR Decision-Making during the COVID-19 Pandemic, and beyond !!

What we decide to do should be sufficient for well beyond Covid 19 Pandemic….

What is the Guidance ?

Unmet Needs ?

What do we believe are the unmet needs re

DNAR and CPR orders?

On our services / health system ?

In our community ?

In our society ?

(Share your ideas using chat button below ?)

Why is this needed ?

Unmet Needs ?

- Prompts & opportunities to Think Talk Tell
- People approaching death without adequate time for discussion
- If decisions are made, they may not be communicated
- If they are communicated, they still may not be adequately acted on…

Why is this needed ?

In Practice

- Practice varies widely
- Islands of excellence
- Co ordination of Administration, Law, & Practice

Can we improve The Care ?

In Practice

- Systematic introduction of discussions earlier
- Reliable method of recording & communicating care preferences
- Measurement of key outcomes

Audit Cycle – First Survey

- Sample (n = 25-50 will give you a good idea)
- Rate the quality of End of Life Planning evident in the clinical record

C	No evidence at all of EoLP Consultations
B	Tick box evidence (eg CPR/DNAR) / hidden in file
A	Evidence of 2 reflective discussions within the last 2 years
	Prominent in file +/- review date, named HCP

After First Survey ?

- Probably mainly ‘B’ standard…..?

B. Tick box evidence / ? hidden in file

- What steps do you need to shift more to ‘A’ standard ?

Plan changes, and schedule a second survey over 3 months

After First Survey ?

- Closely consider ‘Think Ahead’ or equivalent
- Irish Hospice Foundation CEOL Program – now Covid proofed!
- Get into a Team Huddle, and decide to be better at this

Think ahead
Speak for Yourself

CEOL
Compassionate End of Life Programme

Some Pragmatic Research from 2012 to 2020….

- Think Ahead in GP as part of routine care
- Think Ahead in GP with people likely to die within 6 months
- Think Ahead in people discharging after acute admission to gerontology
- File Survey on convenience sample of local Nursing Homes
- VOICES GP Study from 5 GP Training Practices in Leinster

Big Take Homes

- End of Life Planning is much easier to do than you might believe
- People REALLY appreciate it
- With a small amount of support, most people ARE REALLY GOOD at it

If you're not doing it…..start !

If you are doing it, do it consistently !

If you have it all sorted (you can know by doing the Audit !), well, the next thing up is……..Dying with Dignity Legislation !!

Concluding…….

Guidance regarding *CPR* and *DNAR Decision-Making* during COVID-19 Pandemic

What is the guidance ?
Why is it needed?
What does it mean for practice?

Concluding…….

\

Put yourself and your Team on Quality Street – do a brief Aud

QUESTIONS AND FEEDBACK?

Follow us on Twitter @QITalktime

Missed a webinar – Don't worry you can watch recorded webinars on HSEQID QITalktime page
https://www.hse.ie/eng/about/who/qid/resourcespublications/qitalktime.html

We will be back in the New Year with our Winter Series. Thank you QITalktimers and our fantastic speakers for your continuous support.

NollaigShona

Feliz Navidad

Thank you from all the team @QITalktime

Siobhan.reynolds2@hse.ie
Noemi.palacios@hse.ie

QI TALK TIME
Building an Irish Network of Quality Improvers

Twitter: @NationalQI

Web: www.qualityimprovement.ie

Email:

Phone: