

## INTRODUCTION

Discussing code status is a challenging endeavor for any physician. Adding to this challenge are patients' misconceptions and comfort level regarding this sensitive and nuanced subject. Many times even the concept of code status, let alone deciding whether patients desire intubation, compressions, and/or other measures, given their overall clinical picture can be overwhelming. It is often the case that physicians and patients are not on the same wavelength regarding code status. In a study published in *Swiss Medical Weekly*, 61.4% of patients surveyed do not remember having a discussion on code status, while 91% of the patients had code status documented in the medical record<sup>1</sup>.

In today's medical and social environment we are presented with several options to communicate with our patients. One such option is through the use of audiovisual platforms such as YouTube and Facebook. The use of short videos or films is becoming a more prevalent way to effectively and concisely convey information and has been shown to successfully explain code status to patients<sup>2</sup>. In an effort to stay current and move toward a more modern way of communicating with our patients, we developed a short video explaining code status and its implications. We hoped to gain an understanding of where our patients stand to assess how an informative video would impact their knowledge and comfort level discussing code status.

## OBJECTIVES

Our goal was to create an educational video that explains code status in a uniform way in the outpatient setting.

After viewing the video, patients should have a basic understanding of what code status entails as well as the implications of their own code status.

We also hoped to determine patients' comfort level regarding code status and if they wished to discuss it with their physician or via the video.

## PARTICIPANT DEMOGRAPHICS AND ELIGIBILITY

Participants of this study were selected based on age at the time of office visit. Patients aged 50 and above who were *not* presenting for a Medicare Annual Wellness visit were eligible. All participants are patients of the Halifax Health Family Medicine Residency Program which is a community-based, unopposed family medicine residency program serving the greater Daytona Beach area (population ~160,000) where 20.8% of residents are aged 65 and above.

### References:

- <https://smw.ch/article/doi/smw.2020.20194>
- <https://acphospitalist.org/archives/2017/12/success-story-video-to-explain-code-status.htm>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3992358/>


## METHODS

For the pre-intervention group, eligible patients were given a questionnaire (see Figures 2 and 3) while waiting for their physician in order to assess their understanding of what a DNR/DNI decision entails and their comfort level of discussing this with their primary physician.

For the intervention group, eligible patients waiting for their physician were first given a standardized video (see Figure 1) to watch discussing what a DNR/DNI definition was and the different options that were available to them as a patient. They were then given the same questionnaire as the pre-intervention group in order to assess their understanding of what a DNR decision entails and their comfort level discussing this with their primary physician. Results of the questionnaires were then compared between the two groups.



Figure 1: Screenshots of the DNR Video presented to patients in the intervention group



**HALIFAX HEALTH**

Native Language: English Spanish Other (please state)

Age: \_\_\_\_\_

Gender: Male Female

Race/Ethnicity: Caucasian Hispanic Black/African American Other (please state)

Current Code Status: Do not Resuscitate (DNR) Do not intubate Full code Undecided/Unsure

Education: Less than high school High school College degree More than College degree

Understanding of code status:

- If needed, those who are DNR/DNI will NOT receive chest compressions  
True \_\_\_\_\_ False \_\_\_\_\_
- If needed, those who are DNI will be intubated  
True \_\_\_\_\_ False \_\_\_\_\_
- If needed, those who are DNR or DNI can change end of life care decision 24hours prior to emergency  
True \_\_\_\_\_ False \_\_\_\_\_
- If needed, those who are DNR or DNI will not receive intravenous (IV) fluids  
True \_\_\_\_\_ False \_\_\_\_\_
- No medications will be given to patients who are DNR/DNI  
True \_\_\_\_\_ False \_\_\_\_\_

Figure 2: The front page of the questionnaire with patient demographic questions and five true/false questions to test an objective understanding of code status

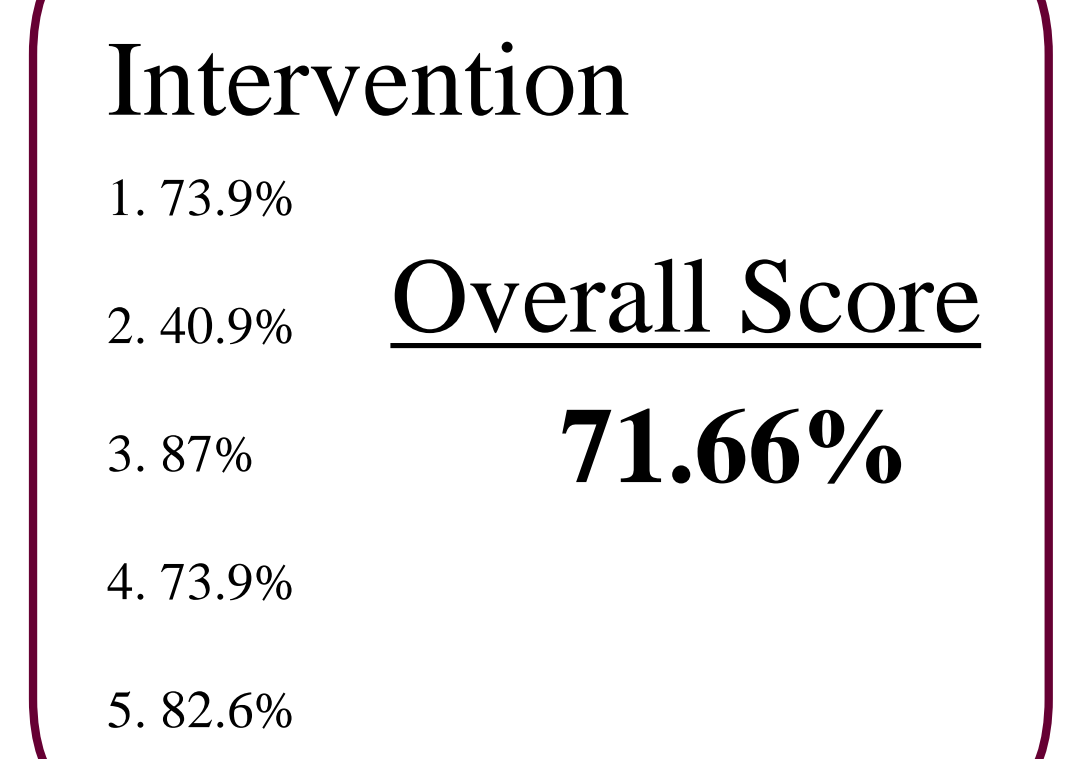
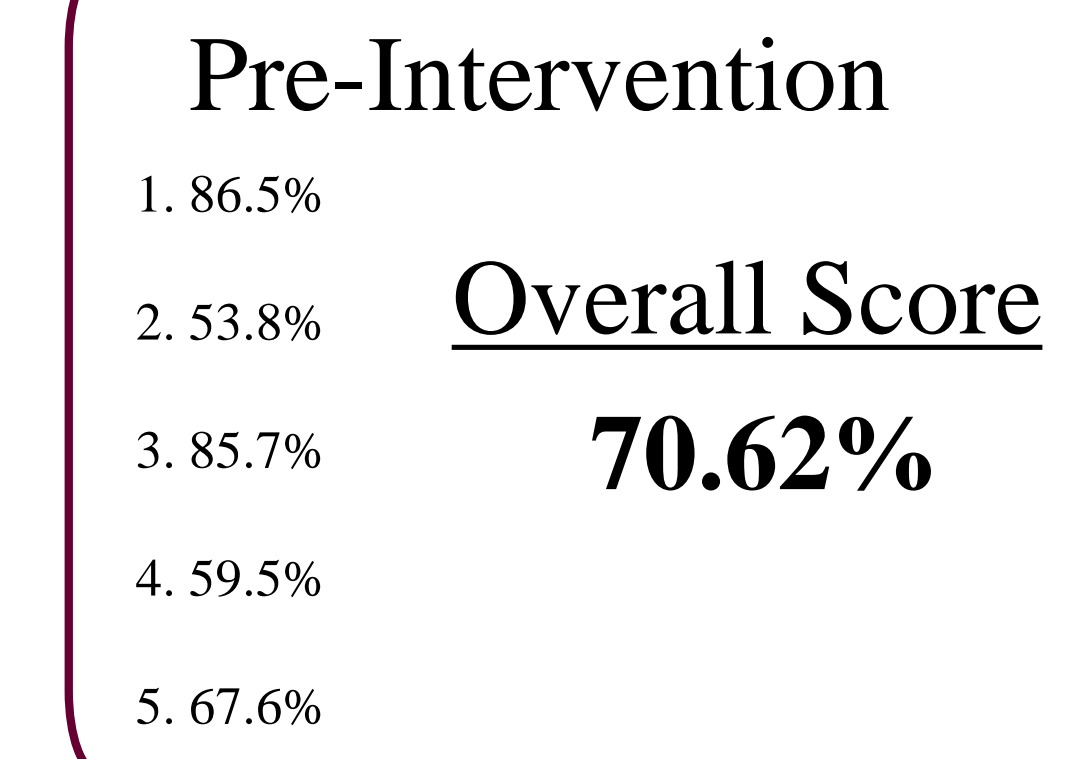
Self-identified comfort level

- I am comfortable discussing code status with my medical provider.  
Strongly Disagree (1) Disagree (2) Undecided (3) Agree (4) Strongly Agree (5)
- Discussing code status with my medical provider makes me feel uncomfortable.  
Strongly Disagree (1) Disagree (2) Undecided (3) Agree (4) Strongly Agree (5)
- I understand what "Do not Resuscitate (DNR)" means.  
Strongly Disagree (1) Disagree (2) Undecided (3) Agree (4) Strongly Agree (5)
- My code status is something that I've discussed or thought about previously.  
Strongly Disagree (1) Disagree (2) Undecided (3) Agree (4) Strongly Agree (5)
- I'd prefer discussing code status instead of using videos/pictures  
Strongly Disagree (1) Disagree (2) Undecided (3) Agree (4) Strongly Agree (5)

Figure 3: The back page of the questionnaire asking patient's self identified comfort level towards code status<sup>3</sup>

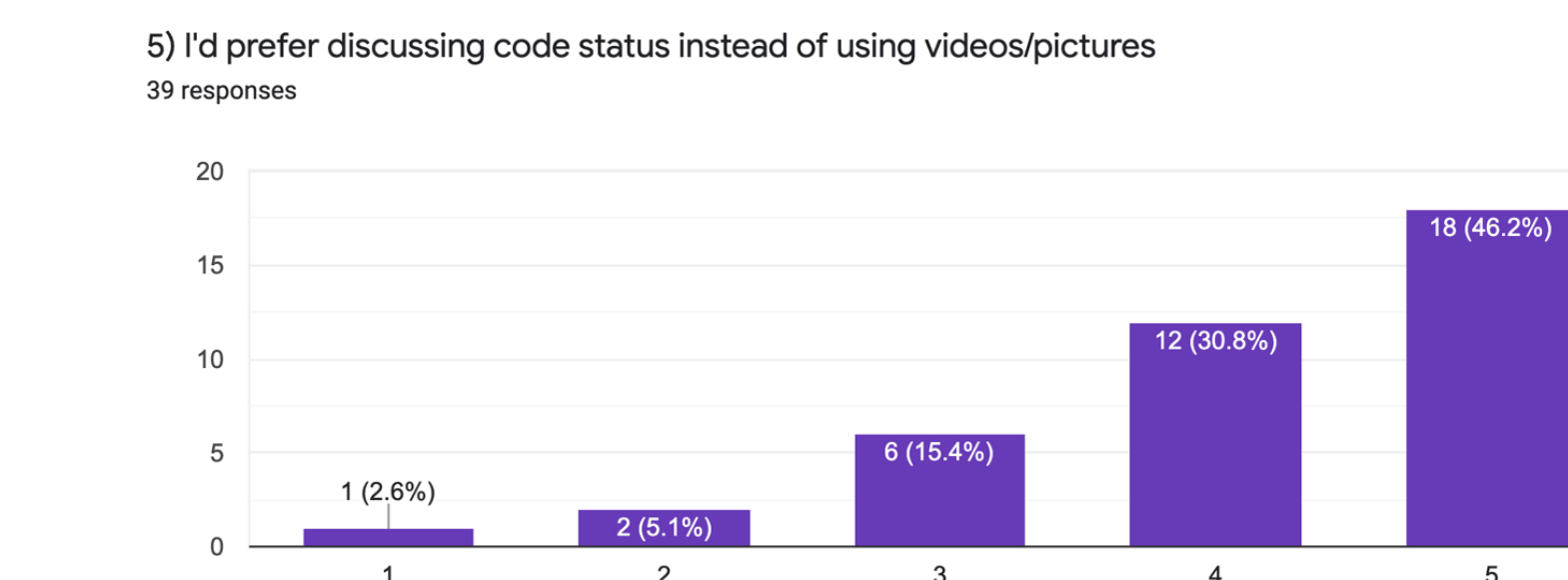
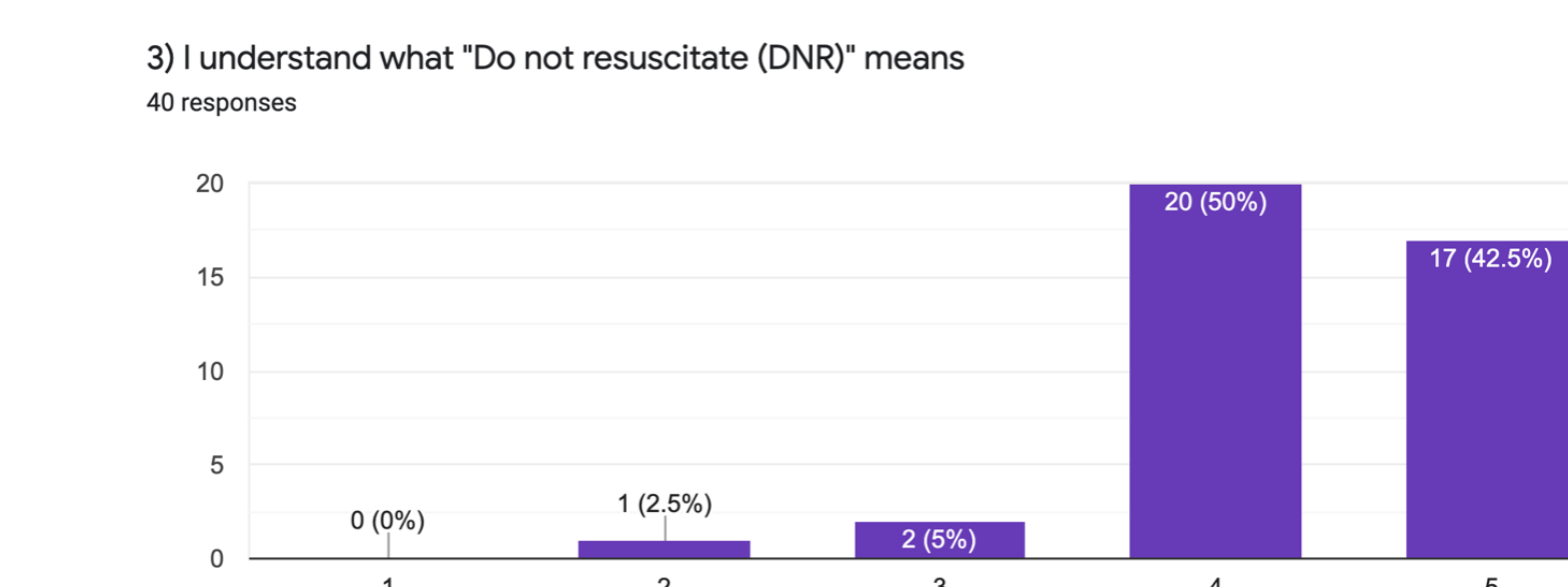
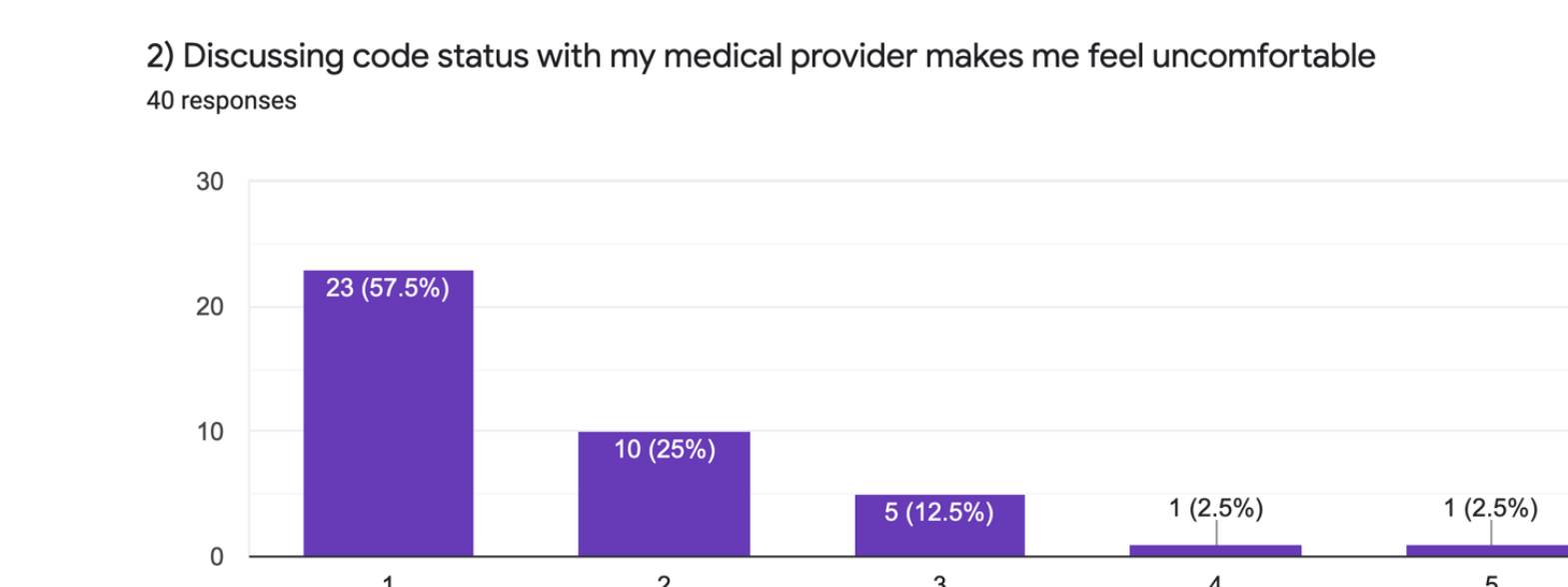
## RESULTS

### Understanding Of Code Status

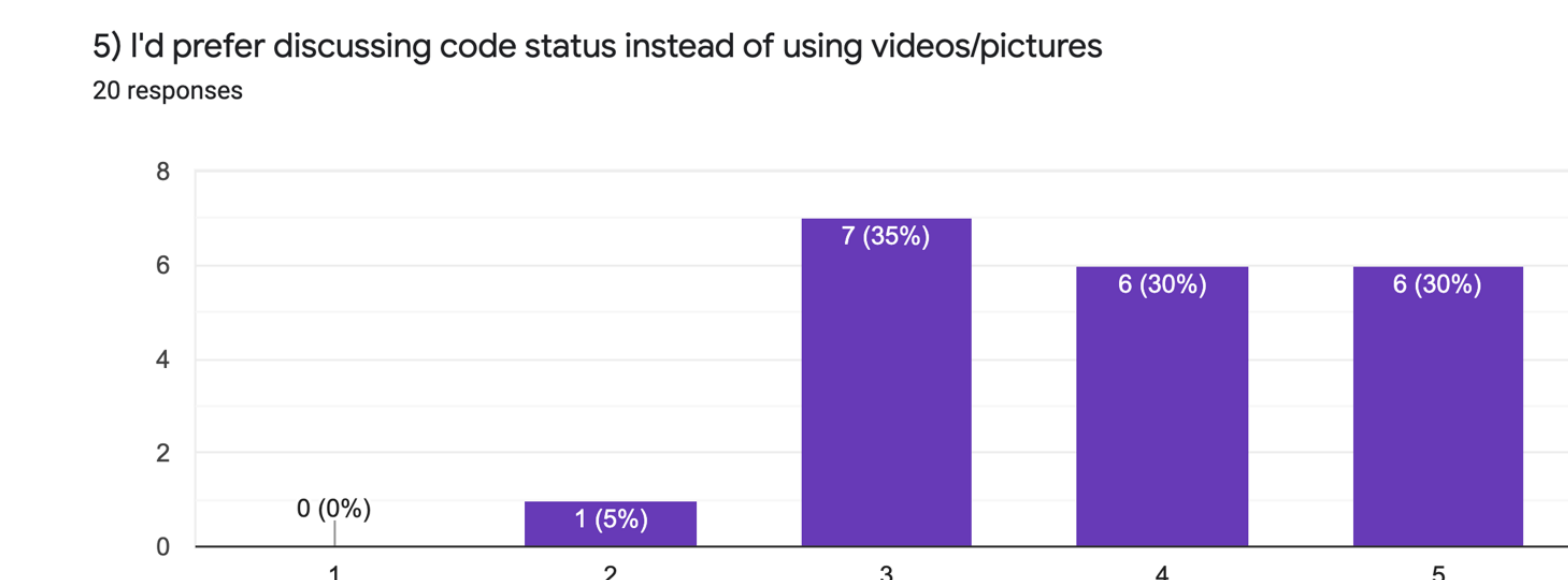
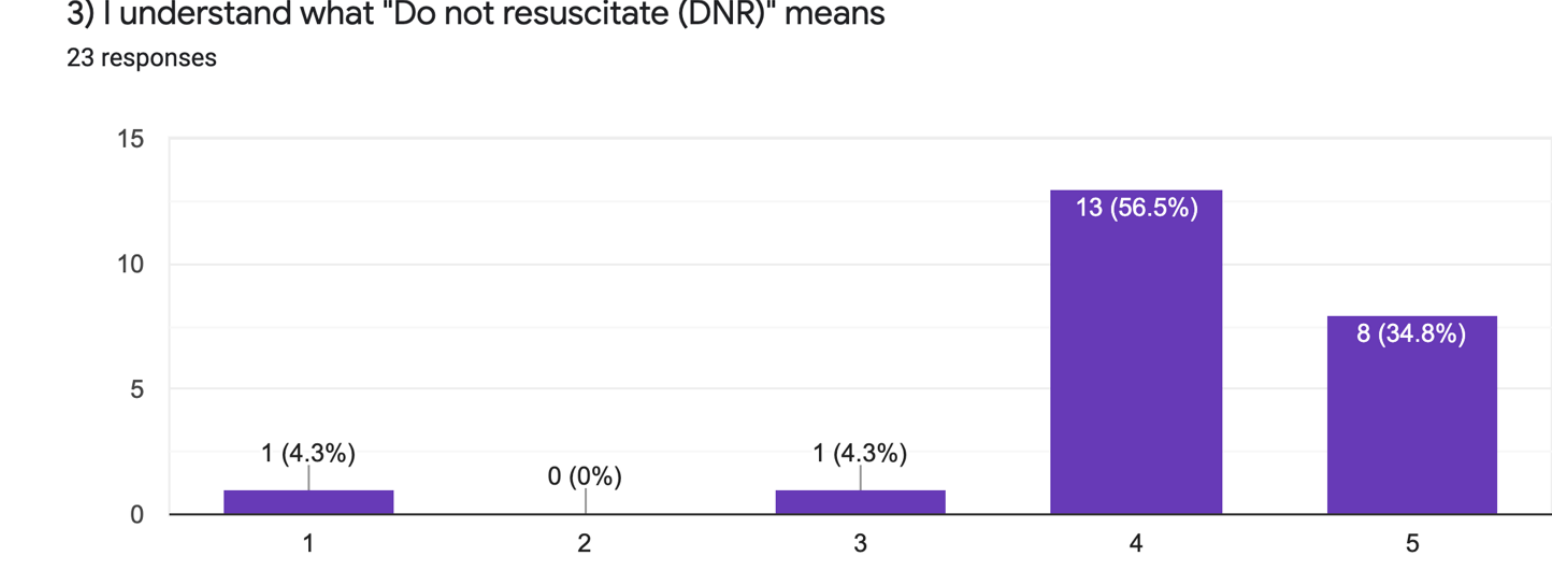
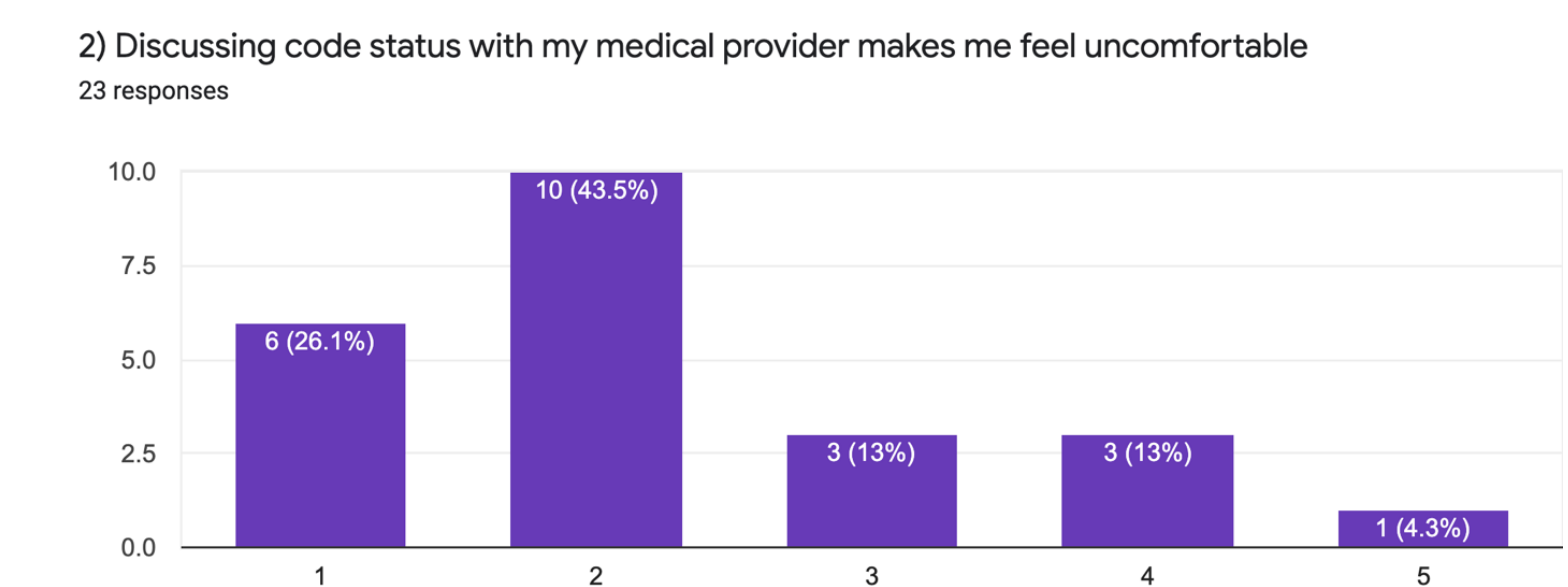


### Self Identified Comfort Level (selected questions)

#### Pre-Intervention



#### Intervention



## CONCLUSIONS

Based on early results, we see that there is a slight (although statistically and clinically insignificant) increase in comprehension of code status with participants in the intervention group versus the pre-intervention group (71.66% vs 70.62% respectively). We were also able to identify that patients overwhelmingly prefer to discuss code status options with their primary physician rather than learn about it from a standardized video. Based on early data, it seems that there is not much of a difference in patients' understanding of code status with or without a video and that most patients would still rather have a one-on-one discussion with their primary physician regarding this decision rather than watch a video.