EvergreenHealth Monroe

Title: **Advance Directives**

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PURPOSE

To delineate how EvergreenHealth Monroe executes and formulates a patient's Advance Directives and to direct the compliance of employees in the procedures for advance directive management. This policy complies with Federal law in the Patient Self-Determination Act (PSDA, 1991), OBRA 1990, and Washington State Law in the Natural Death Act. (RCW 70.122).

POLICY

It is the policy of EvergreenHealth Monroe to respect the patient's wishes concerning their health care. Advance Directives are honored for all INPATIENT AND OUTPATIENT/OBSERVATION HOSPITAL VISITS. Employees will receive education regarding the advance directive management during department-specific orientation.

- DNR status is rescinded during the operative and phase I recovery periods.
- For procedure or clinic related reversible complications that can be treated medically unless otherwise specified by the ordering physician.

SUPPORTIVE DATA

Guiding Principles

- All people have the right to decide what will be done with their bodies.
- All individuals are presumed to have decision-making capacity until deemed otherwise.
- All patients who can participate in a conversation, either verbally or through alternative means of communication, should be approached to discuss and record their treatment preferences and wishes.
- Health care professionals can improve the end-of-life care for patients by encouraging the use of advance directives.

Advance Directives

- Allow individuals to provide directions about the kind of medical care they do or do not want if they become unable to make decisions or communicate their wishes (Rodriguez & Young, 2006 [Level V]).
- They are called “advance” directives because they are signed in advance to let your doctor and other health care providers know your wishes concerning medical treatment.
- Provide guidance for health care professionals, families, and substitute decision makers about health care decision making that reflects the person’s wishes.
- Provide immunity for health care professionals, families, and appointed proxies from civil and criminal liability when health care professionals follow the advance directive in good faith.

EvergreenHealth Monroe is expected to take reasonable steps to determine the patient’s wishes concerning designation of a representative.

Responsive / Coherent Patient

When a patient is not incapacitated has designated, either orally to hospital staff or in writing, another individual to be his/her representative, the hospital must provide the designated individual with the required notice of patients’ rights in addition to the patient. The explicit designation of a representative takes precedence over any non-designated relationship and continues throughout the patient’s inpatient stay or outpatient visit, unless expressly withdrawn, either orally or in writing, by the patient.

Unresponsive / Incapacitated Patient

In the case of a patient who is incapacitated, when an individual presents the hospital with an advance directive, medical power of attorney or similar document executed by the patient and designating an individual to make medical decisions for the patient when incapacitated, then the hospital must, when presented with the document, provide the required notice of its policies to the designated representative. The explicit designation of a representative takes precedence over any non-designated relationship and continues throughout the patient’s inpatient stay or outpatient visit, unless the patient ceases to be incapacitated and expressly withdraws the designation, either orally or in writing.

When a patient is incapacitated or otherwise unable to communicate his or her wishes, there is no written advance directive on file or presented, and an individual asserts that he or she is the patient’s spouse, domestic partner (whether or not formally established and including a same-sex domestic partner), parent (including someone who has stood in *loco parentis* for the patient who is a minor child), or other family member and thus is the patient’s representative, the

hospital is expected to accept his assertion, without demanding supporting documentation, and provide the required notice to the individual.

Two Types of Advance Directives: Durable Power of Attorney for Health Care (DPAHC) (also called a Health Care Proxy) and Living Will (LW)

- A *Durable Power of Attorney* allows individuals to appoint someone, called a health care proxy, agent, or surrogate, to make health care decisions for them should they lose the ability to make decisions or communicate their wishes.
- A *Living Will* provides specific instructions to health care providers about particular kinds of health care treatment an individual would or would not want to prolong life. Living Wills are often used to declare a wish to refuse, limit, or withhold life-sustaining treatment.
- Instructional or Medical Directive (POLST): Intended to compensate for the weaknesses of Living Wills, this kind of directive identifies specific interventions that are acceptable to a patient in specific clinical situations.

PROCEDURE

1. Admission/Medical Records Procedure

a. Admitting personnel will ask all legal adults upon admission or during the pre-admitting process for inpatient services if they have an advance directive. Legal adults are defined as age 18 and greater and emancipated minors.

b. Discussions about advance directives should be conducted in the patient's preferred language to enable information transfer and questions and answers.

- Interpreter / Translation Services - #1-800-945-7889 (Policy Title: Interpreter/Translation Services.

c. The patient's advance directive status will be recorded on Form # 1776 by Admitting during registration for inpatient admission. The Nursing staff will document in the electronic medical record (EMR) in CareVue. Discharge Planning will review the Advance Directive status and document in the Social Services Progress Note section of CareVue.

- The patient **has** an advance directive -
  - If the patient has a copy of the Advance Directive with him/her, Admitting staff will scan the document into INSIGHT, at the Medical Record Number

level, and forward a copy to medical records (HIM). A copy will then be scanned into CareVue, at the medical record level. A copy will be placed in the patient's current chart on the designated clinical unit. (Place the copy under the "Advance Directives" tab.)

- If Advance Directive is already present in the patient's historical chart, print a copy of the advance directive from Advance Directives tab in CareVue and place a copy with admitting paperwork for inclusion into the patient's unit chart.

· The patient **does not** have an advance directive -

- Admitting will offer an Advance Directive booklet to patient or family and indicate with a check mark on form #1776 under #1. Admitting designated section - "Advance Directive booklet accepted by patient / family" OR "Booklet refused". If Discharge Planning offers the Advance Directive booklet, documentation is done in the Social Services Discharge Planning form, located in CareVue, under "New Note".

d. When the patient has an advance directive, but a copy is not available at the time of admission, and no copy is on file in the patient's historical chart, Admitting personnel and Discharge Planning will ask the patient/family to provide a copy as soon as possible.

e. If a copy is brought to Medical Records, the advance directive will be stamped with the date received and will file the copy of the advance directive under the "Advance Directive" tab in the current patient chart and Scan to Medical Record Number level of CareVue.

f. When changes to a patient's advance directive are received, a revised copy will be placed on the patient's current chart by Medical Records. Scan to Medical Record Number level of EDM.

2. Discharge Planning

a. Discharge Planning will review the Advance Directive status on Inpatient admissions.

b. If no Advance Directive exists, Discharge Planning will speak with the patient/caregiver to provide additional information about the advance directive, provide the Booklet (if not already given), and to answer questions the patient, family, and/or patient advocate may have.

c. If the patient has an Advance Directive, Discharge Planning will request that a copy be brought to the hospital for placement in the patient's current chart.

d. If brought in during hospitalization, Discharge Planning will place a copy under the Advance Directive tab in the current patient chart.

e. Discharge Planning will document in CareVue, under the Social Services Discharge Planning Form, the status of the patient's Advance Directive.

REFERENCES

AHRQ (Agency for Healthcare Research and Quality) National Guideline Clearinghouse / Advance Directives www.ahrg.gov (Updated / Verified August 4, 2008).

CMS Manual System: Hospital Interpretive Guidelines: Appendix A, Rev. 75, Implementation: 12/02/2011; Interpretive Guidelines: 482.12(a)(7),(b)(2).

NIAHO Accreditation Requirements, Rev. 10, Patient Rights, PR.2.

Mitty EL, Ramsey G. Advance directives. In: Capezuti E, Zwicker, Mezey M, Fulmer T, editor(s). Evidence-based geriatric nursing protocols for best practice. 3rd ed. New York (NY): Springer Publishing Company; 2008. p. 539-63. [62 references].

Washington State Hospital Association. Federal and State Law on Advance Directives. www.wsha.org/EOL-FedState.cfm.

Washington State Medical Association, 2014, https://www.wsma.org/advancedirectives.

Washington State RCW 13.64.060, Power and Capacity of Emancipated Minor.