SCOPE: PeaceHealth St. Joseph Medical Center Physicians, Admitting, Health Information Management (HIM), Nursing, Care Management, and Spiritual Care caregivers, and Ethics Committee.

PURPOSE: To establish policy informing caregivers of the requirements and procedures to comply with and support the patient’s right to have an Advance Directive, and document such in the patient’s medical record.

POLICY: PeaceHealth St. Joseph Medical Center Washington State law regarding Advance Directives and honors the right of any competent adult to have an Advance Directive that declares how medical treatment decisions should be made if, at a future time, they become unable to speak for themselves. Inability to make their own treatment decisions may be due to a temporary or permanent condition, such as serious trauma or disease, acute mental illness, or any other circumstance that prevents a patient from fully understanding the medical situation and available treatment options at the time decisions must be made.

Completion of an Advance Directive is wholly voluntary on the patient’s part and is never required as a condition of care.

Each patient is asked if they have completed an Advance Directive. It is best to have an Advance Directive that specifically meets Washington State requirements; however, even an out-of-state document can help to clarify the patient’s values and general approach to treatment decisions. The status of the patient’s Advance Directive is documented in the electronic medical record (EMR). Written information about Advance Directives is offered to all patients who do not have an Advance Directive. Patients may rescind an Advance Directive at any time, either verbally or in writing.

St. Joseph Medical Center honors a patient’s valid Advance Directive unless it conflicts with hospital policy, law or the Ethical and Religious Directives for Catholic Health Care. If it is known that any aspect of a patient’s Advance Directive cannot be honored at PeaceHealth St. Joseph Medical Center, the patient is so informed. It is the responsibility of any PeaceHealth employee to report concerns if it appears that care decisions conflict with the patient’s known directive.

REQUIREMENTS:

1. Documenting Advance Directives.

   1.1. Admitting/Registration personnel enter the status of the patient’s Advance Directive in the EMR. See PROCEDURES for details.

   1.2. The Advance Directive “flag” appears in the Centricity DEMCQ screen and on the inpatient Census Worklist report.
1.3. **Follow-Up.**

1.3.1. If Advance Directive information becomes available after the patient arrives on the patient care unit, the ADMITTING NURSE makes two copies, places one in the chart, and sends the other to Medical Records.

1.3.2. Outpatient service managers establish department procedures for follow-up on Advance Directives flagged “U” or “P”.

2. **Location of Advance Directive.** Caregivers assigned to the patient can find and review the patient’s Advance Directive in the EMR by using the command “DDHCD”.

3. **Health Information Management.** The HIM Department:

3.1. Scans all available documents into the EMR.

3.2. Runs daily Advance Directive flag report listing all patients with “Y” as an entry in DEMR with no scanned documents in EMR.

3.3. Checks the hardcopy chart if a “Y” exists and nothing is scanned.

3.3.1. All charts within the last 7 years are checked for these documents.

3.3.2. If the documents are valid they are scanned.

3.3.3. If the documents are not valid they are returned to the patient for clarification.

3.4. If the patient does not have a current medical record number, one will be created and the documents will be scanned.

3.5. If no document is available to scan or has not been scanned, the flag is changed to and “N” to reflect the status in DEMR.

4. Any Advance Directive coming to the HIM department is promptly scanned.

5. **Spiritual Care.**

5.1. For inpatients, the Chaplain for each unit reviews a daily Advance Directive report and follows up with patients flagged “U” (unable to ask) or “P” (pending).

5.2. In the absence of the actual Advance Directive document, for those patients who have Advance Directives, Spiritual Care staff request that the Advance Directive be brought in by the patient’s family or surrogate.
5.3. Until it is brought in, the patient’s wishes may be documented in the medical chart, in accordance with Washington State Law, by staff in the interdisciplinary progress notes.

5.4. Inpatients requesting more information or help with Advance Directives can be referred to the Advance Directive "Help Line" in the Spiritual Care department at (360) 738-6300, ext.4192).

5.5. The “Five Wishes” Living Will workshop is offered monthly through Whatcom Hospice for anyone in the community. Workshop schedule is available by calling the Hospice at (360) 733-5877 and online at Whatcom Hospice Living Will Workshops.

6. Refer to Policy # WR.387.138 Physician Orders for Life-Sustaining Treatment (POLST) if the patient wishes to translate his/her Advance Directive into actual orders for medical care.

7. Special Considerations

7.1. Legal Surrogate

7.1.1. If a surrogate is making decisions on the patient’s behalf, make sure s/he is the legal health care agent to speak on behalf of the patient, and that s/he understands all directions and instructions on the WA State Durable Power of Attorney for Health Care form.

7.1.2. To aid the legal surrogate in determining the patient’s wishes, the following scripted questions may be used:

- “What do you know about the patient’s wishes and values that can help us understand what decision he or she would probably make about medical care right now?”

- “Imagine (pt’s name) could get well enough for a few minutes to fully understand his or her medical situation; the benefit and burden of tests or treatments the doctor is recommending; and the alternative if s/he chose not to have these procedures. What would he or she say?”

7.2. Reporting concerns. Any concerns about the validity of an Advance Directive, or about actions that seem to be inconsistent with a patient’s valid Advance Directive, should be referred to a supervisor. Concerns may be reported to the Physician, Nurse Team Leader/Manager, Chaplain, or Ethics Committee.

7.3. Pregnancy. If the patient has been diagnosed as pregnant, the directive shall have no immediate force and effect during the course of pregnancy without review by the physician, patient, family, and, if indicated, the courts.

8. Notarization and Witnessing of Advance Directives
8.1. Washington State does not require that the Durable Power of Attorney for Health Care (DPOA-H) or the Health Care Directive (Living Will) be notarized.

8.2. Health Care Directive (Living Will) does require a witness.

8.3. Hospital employees may not serve as witness to a patient’s living will.

PROCEDURES: *(Back to Requirements)*

1. Upon registration, except for lab only visits, ask if the patient has completed or updated an Advance Directive.

2. If the patient presents an Advance Directive:
   2.1. Enter “P” (for Pending) in the EMR Advance Directive flag (DEMC screen).
   2.2. Make two copies of the Advance Directive
       2.2.1. One copy follows the patient for their current admission.
       2.2.2. Send one copy to HIM.
   2.3. Return original to the patient.

3. If the patient has an Advance Directive elsewhere:
   3.1. Enter “P” (for Pending) in the EMR Advance Directive flag.
   3.2. Inform the patient that the advance directive becomes valid for the current care encounter when a copy is provided for our chart, and ask that it be brought in as soon as possible.
   3.3. Complete the form, “Notice of Advance Directive Status” and place in the designated location in the chart.

4. If the patient does not have an Advance Directive:
   4.1. Offer the booklet “Who Will Decide?” available at all patient registration locations.
   4.2. Enter “I” (for Information Given”) or “N” (for No Advance Directive, information declined) in the EMR Advance Directive flag.

5. If the patient or an informed representative is not available or able to be asked, enter “U” (for Unable to Ask) in the EMR Advance Directive flag.
6. Details about the Advance Directive not explained by the Advance Directive flag are added in the Comments field near the bottom of the DEMC screen.

6.1. If the person has a Mental Health Directive, this is noted in the Comment field.

6.2. If the person has a Durable Power of Attorney - Healthcare (DPOA-H) but not a Health Care Directive, you might type, “DPOA only”.

7. Only HIM medical records staff may place a “Y” in the EMR.

DEFINITIONS:

1. The term “Advance Directive” refers to the collective name for advance care planning forms to record a patient’s values and wishes for a future situation when the patient cannot speak for him/herself. Examples include the Health Care Directive, Durable Power of Attorney for Health Care, Physician Orders for Life-Sustaining Treatment (POLST) and Mental Health Advance Directive.

1.1. Hospital Inpatients – check in CE to view scanned documents. If no documents are scanned, check in front of blue binder for documents.

1.2. Outpatient services – if different than the hospital standard location, an alternate Designated Location in the outpatient record will be identified in departmental policy.

2. The term “Durable Power of Attorney for Healthcare (DPOA-H)” refers to legal authorization granted by a competent person to someone else, to make health care decisions on his/her behalf should the person lose decision-making capacity in the future. Decisions made on behalf of the patient by the legal DPOA may supersede the written Health Care Directive as a more current expression of what the patient may have wanted.

3. The term “Five Wishes” refers to an alternative Advance Directive tool that meets the legal form requirements of 35 states, including Washington.

4. The term “Health Care Directive” refers to a Living Will, a form recognized by the State of Washington to establish a person’s wishes regarding medical treatment should the patient be unable to speak for him/herself due to terminal illness or permanent coma.

5. The term “Mental Health Advance Directive” refers to a form recognized by the State of Washington to establish a person’s wishes regarding psychiatric treatment if in the future the patient lacks decisional capacity/competency to speak for him/herself.

6. The term “POLST” refers to Physician Orders for Life-Sustaining Treatment, a uniform order sheet that is portable across care settings to translate prior expressed wishes of the patient/surrogate into medical orders concerning resuscitation, antibiotics, and artificially administered fluids and nutrition.
REFERENCES:

Joint Commission Standard:
- PC.8.70

Law, Regulations and Accreditation:
- Revised Code of Washington, Title 71 (mental health directive)
- Chapter 70.122 RCW Natural Death Act

Policy Documents:
- Policy # WR.359.22 Advance Directives
- Policy # WR.3877.35 End of Life: Do Not Attempt Resuscitation (DNR/DNAR) Allow Natural Death
- Policy # WR.432.1 Ethical Dilemmas
- Policy # WR.30.56 Consent: Informed
- Policy # WR.387.138 End of Life: Physician Ordered Life Sustaining Treatment (POLST)
- Policy # WR.387.20 End of Life: Withholding / Withdrawing of Life Sustaining Treatment

HELP: For questions about this policy, or assistance with understanding your obligations under this policy, please contact your Manager/Supervisor or the Regional Ethics Representative.

End of Policy
The last page of this policy document contains approval, review and revision information only.
## CREATION (Original Version):

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| Reviewed By             | Ross Fewing; Director of Mission and Ethics  
                          | Peter Krautwald; Director of HIM  
                          | Sherri Garcia; Manager of Patient Registration |
| Approved By             | Faye Lindquist, VP Patient Care Services  
                          | Date: 9/24/2008 |
| Replaces:               |                                          |

## PERIODIC REVIEW:

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| Revised By              | Ross Fewing; Director of Mission and Ethics  
                          | Peter Krautwald; Director of HIM  
                          | Sherri Garcia; Manager of Patient Registration |
|                        | Marilyn Ducatte; Manager of Medical Records  
                          | Serge Lindner, MD; Physician, Center for Senior Health |
| Approved By             | Rose Britt; Interim VP of Patient Care Services  
                          | Date: 02/27/2012 |
| Reason/Summary of Changes | General revisions throughout to clarify computer commands and when to use them. Updated requirements and policy statement. |
| Replaces:               |                                          |

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