	Subject Advance Care Directives	Number I-A-14
	Function Ethics, Rights and Responsibilities	Reviewed / Revised 01-26-04

OBJECTIVE : To comply with Missouri law and to respect an individual's right to make medical decisions. There will be no discrimination or condition of care based on whether the patient has an advance directive or not. In all care settings, MUHC's health care providers will honor the patient's directives within the limits of the law and in keeping with MUHC's mission and capabilities.

POLICY: The University of Missouri Health Care (MUHC) encourages the use of advance directives and in support of this goal will provide all adults presenting for admission with information about advance directives, and assistance in executing one if requested. Information about the advance directive process will be available upon request in each ambulatory care area.

GENERAL INFORMATION:

- The University Hospitals and Clinics (UHC) encourages patients to discuss options of advance health care directives with family members, family physician or their lawyer, prior to the need for admission to the hospitals. Information about advance health care directives will be made available to patients through the Registration Center, Guest Services, Nursing Services, Social Services, and Pastoral Care.
- In the State of Missouri, any person 18 years of age or older who is legally competent has the right to make decisions in advance about his or her health care. These decisions can range from routine to life sustaining treatment including the provision of food and water. A written advance health care directive can include an "Advance Health Care Directive," "Living Will," and/or "Durable Power of Attorney for Health Care."
- No person will be discriminated against or have health care conditioned on whether he/she has executed an advance health care directive. Advance health care directives are effective until the time of death or until they are revoked.
- Physicians wishing to discuss, or obtain advice, regarding a patient's advance health care directive may call the Chief of Staff through his office at 882-4913.

SUMMARY OF RESPONSIBILITIES:

- It is the responsibility of the patients to make their decisions for health care treatment known to their health care providers.
- The UHC Pamphlet "About Advance Medical Directives," will be available in Admissions and other designated areas such as nursing units. In addition, a video is available on closed circuit television for patients/family members to view.
- During the nursing assessment the patient will be asked whether the patient has completed a living will, healthcare treatment directive, and/or durable power of attorney for health care. For those patients who do not have a completed advance directive and/or durable power of attorney, the actual directive or an informational pamphlet will be provided if one was not provided in the Registration Center. If the patient wants additional information or to complete an advance directive, the patient may seek assistance from the physician, nurse, social worker, chaplain, or Guest Services.
- If an Advance Directive is noted or filled out, the attending physician is to be notified so he/she may take the appropriate actions.
- A patient may revoke an Advance Directive at any time and in any manner. Revocation must be documented. An advance directive given to UHC will be scanned into the patient's EMR after discharge for use by the staff / patient during future inpatient stays, until it is revoked by the patient. The copy of the Advance Directive placed in the medical record at admission will remain in the medical record during that admission.

DEFINITIONS:

Advance Directive: A general term used in this document to apply to living wills, written advance healthcare treatment directives, and durable powers of attorney for health care.

Durable Power of Attorney for Health Care Decisions: A signed, dated and notarized document, which allows an individual to designate an agent to make health care decisions in the event the individual becomes incapacitated.

Advance Healthcare Directive: A signed, dated and witnessed document, which allows individuals to state in advance their wishes regarding health care decisions. It is similar to a living will; however, it is far more comprehensive than most living wills. The Healthcare Directive goes into effect when the patient becomes incapacitated to make healthcare decisions.

Living Will: A signed, dated and witnessed declaration by which an individual may request that life sustaining procedures be withheld or withdrawn and that he/she be allowed to die. Living will statutes apply only when a patient is terminally ill.

Patients' Rights: The concept of patients' rights includes a patient's legal rights within a particular jurisdiction; however, a patient's rights also include ethical rights based on duties, obligations and responsibilities of health care providers and institutions. MUHC maintains and distributes a written "Patients' Rights Statement" to patients, which includes statements

about both legal and ethical rights.

Terminal Condition: An incurable or irreversible medical condition that, in the opinion of the attending physician, is such that death will occur within a short time regardless of the application of medical procedures.

Death Prolonging Procedure: Any medical procedure or intervention that, when applied to a patient, would serve to artificially prolong the dying process and where, in the judgment of the attending physician pursuant to usual and customary medical standards, death will occur within a short time whether or not such a procedure or intervention is utilized.

PROCEDURE:

Inpatient & Outpatient Hospital Based Clinics

All

- The UHC Pamphlet "About Advance Medical Directives" will be available in Admissions packet, on the inpatient units, in the clinics and upon request. The Advance Directive document will be available on the inpatient units, in the clinics and upon request. Additionally, a video is available on close circuit television for patients/family members to view. Patients requesting additional information about the advance directive process or assistance with completing an advance directive will be referred to Guest Services with assistance from Social Work and Pastoral Care.

MUHC Admissions Clerk

- Provide all adult patients presenting for admission with written information about advance directives.

Physician Staff

- Provide information and counsel to the patient who expresses an interest in an advance directive. Refer to Guest Services or Nursing to arrange assistance for the patient during normal weekday hours of operation. Social Services & Pastoral Care are also available for after hours support by contacting the Telecoms Operators at 882-4141.
- Document in the patient's medical record any discussions with the patient or surrogate regarding health care directives, end of life care, or any requests for limitations in treatment.
- Determine with the patient or surrogate that he/she does not wish to revoke the advance directive. Ensure that specific orders are written in the physician's orders, in compliance with the patient's Advance Directive.
- If patient or surrogate communicates in any manner a desire to revoke an advance directive, ensure that this is documented in the progress notes and orders, that appropriate personnel are notified, and that a revocation statement is signed and filed in the patient's chart.
- If unable to comply with patient's advance directive, take appropriate action to resolve the disagreement such as with an ethics consultation, or transfer care of patient to another attending that is able to follow patient's advance directive.

Nursing Staff

- Inquire of all adult patients if they have an advance directive.
- If the patient states that he/she has an advance directive and he/she has the document with him/her, with the patient's permission make a copy of the document and place in the chart. Give the original document back to the patient or surrogate.
- If patient states he/she has an advance directive, but does not have it with them, note such on the advance directive documentation form and inform the physician (ADI form # 327-02-04).
- If the patient has been treated as an inpatient previously at UMHC, there may be a health care directive on file in Cerner / Powerchart. If so, print the document and ask the patient to review it for accuracy. Document having done this on the ADI form.
- If patient is not interested in completing an advance directive, note such on the ADI form.
- If patient requests assistance in filling out an advance directive, inform Guest Services Monday through Friday 8am-5pm. On weekends and holidays page the social worker or Pastoral Care on call via telecoms.
- If an Advance Directive is noted or filled out, the attending physician is to be notified so he/she can discuss this further with the patient and take the appropriate actions.
- Documentation should be made in both the physicians' and nurses' progress notes reflecting the discussion they have with the patient about the patient's wishes regarding the meaning of their written directive and how this may modify the care and treatment being provided to the patient.
- In the event a patient communicates in any way that he/she wants to revoke an advance directive:
 - A. Notify the physician and/or supervisor.
 - B. Ensure that the patient's wishes are communicated to the health care team; that the revocation is documented in the medical chart, and that a revocation statement is signed and filed in the patient's chart.
 - C. Ensure that the attending physician changes the applicable orders.
 - D. Ensure that the Kardex is changed, the chart label is changed, the ID band is changed and that the PCS is changed.

Unit Clerk or Designated Staff

- Check that copies of the advance directive are in the new and the old charts or file copy of new advance directive in the front of the chart when appropriate.
- Ensure that the patient's name and medical records number are transcribed on the advance directive document.
- Ensure that the patient with an advance directive has an appropriate notation made in the Kardex, affix label to front of chart, and identify the patient's advance directive on the PCS.
- If patient revokes the advance directive, check that revocation is noted in the patient Kardex, label is removed from the chart cover, and designation is changed in the PCS.
- If the patient is transferred to another treatment facility or nursing home, send a copy of the advance directive.

Guest Services

- Provide information and counsel those patients who express interest in establishing an advance directive. Refer to the attending physician/other appropriate personnel, patients who require relevant medical information.
- Assist patients to execute an advance directive as needed and appropriate.
- Make one copy of the completed document. Ensure that one copy is placed in the patient's medical chart. Return the original to the patient with the suggestion that the patient discuss the advance directive with his/her physician.
- Notify the nurse that an advance directive has been executed so that she will ensure orders are written and other appropriate communications are made.
- Encourage the patient to discuss the advance directive with the physician.

Medical Records Staff

- In preparation for subsequent admissions, provide the old chart to the admissions department.
- If the advance directive was revoked, put a revocation label on old chart prior to providing record to admissions. Add copy of signed revocation statement on the inside back cover of the permanent record.
- Upon discharge, scan the advance directive into the patient's EMR for use by the staff / patient during future inpatient stays, until it is revoked by the patient.

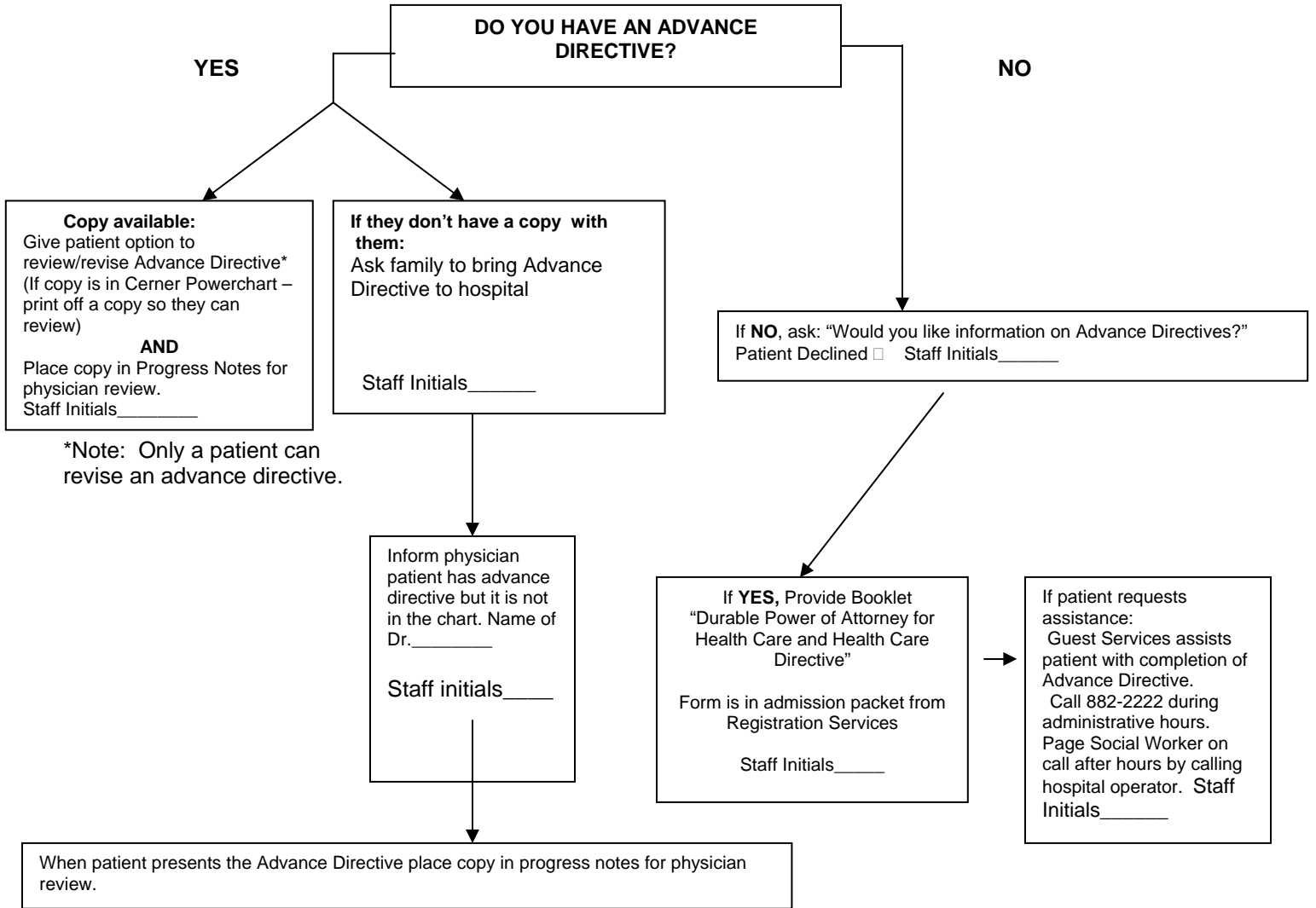
All Staff

- If the patient communicates in any way that he or she wants to revoke an advance directive, notify the supervisor and/or physician.
- Ensure that the patient's wishes are communicated to the other members of the healthcare team and documented in the medical record. If a revocation of the directive occurs, this is to be documented in the medical chart. A competent patient or their valid surrogate may enact or revoke an Advance Directive at any time and in any manner, written or verbal.

Reference: Intent Form # 327-02-04 (attached)

University Hospitals
Advance Directive Documentation

PATIENT LABEL



Staff Nurse Initials _____ Staff Nurse Signature: _____

Date: _____

MR # 327-02-04