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Owner	Andrea Chatburn: Senior Director Ethics
Policy Area	Ethics
Applicability	WA - EWA/MT Region

Advance Directives

ADMINISTRATIVE POLICY

PURPOSE:

To describe how the hospitals, clinics, and staff at both comply with their legal ethical obligations regarding Advance Directives. The purpose of assisting in completing Advance Directives or getting already completed Advance Directives into patient's Electronic Health Record (EHR) is to increase adherence to the patient's preferences and values, doing so is in keeping with our promise to "Know Me, Care for Me, Ease My Way" and represents a good faith effort to practice in a manner consistent with highest clinical and ethical standards, while acknowledging the realities of clinical practice.

DEFINITIONS:

The following are key terms to be aware of when reading and implementing this policy:

- **Advance Directive:** A written document(s) created by a person who exhibits decision-making capacity to inform health care teams about their wishes for specific medical treatment and/or to designate a Durable Power of Attorney for Health Care to be used if the individual becomes unable to make decisions for themselves. Typically, an Advance Directive must either be witnessed or notarized to be legally valid, although requirements vary by state. **When an Advance Directive is executed appropriately, it is effective until or unless a new Advance Directive has been completed. At that time, the most recent document is to be honored.**
- **Decision Making Capacity:** The ability to understand and appreciate the nature and consequences of a decision and the ability to reach and communicate an informed decision. Durable Power of Attorney for Health Care: An individual named in an Advance Directive or other legal form who is legally authorized to make decisions for a patient who lacks decision-making capacity. Also called Health Care Power of Attorney, Health Care Agent, or Health Care Proxy.

- **Provider:** A physician, nurse practitioner or a physician assistant.
- **Surrogate Decision Maker:** If there is no Health Care Agent, most states provide for default Surrogate Decision Makers in their State laws. State laws must be followed to determine the Surrogate Decision Makers:
    - State of Montana, per MCA 50-9-106
    - Washington State, per RCW 7.70.065
- **Trusted Decision Maker (TDM):** Documentation within the ERH, this is a Providence-approved procedure for detailing a patient's verbally expressed choice of surrogate decision-maker. The TDM note documents the conversation with a provider (physician, NP, or PA) who also attests that the patient has decision-making capacity at the time of the conversation. When a provider completes a TDM form in EPIC, the system generates a preliminary AD: DPOAH, which needs to be signed by a patient and statutory hierarchy, therefore the individual chosen by the patient (as recorded in their TDM document) can advise the family, surrogate decision-maker and/or provider of the person's verbally expressed choices. The TDM is evidence of a person's expressed wishes and can be considered by the surrogate decision-maker. Learn more here.

POLICY:

Providence Eastern Washington/Montana ministries encourage patient self-determination and will facilitate patients' active participation in shared decision-making concerning their care. Advance Directives will be honored by health care providers and caregivers of these facilities within the limits of applicable law, regulation, and the hospital's capability. An Advance Directive helps guide patient care decisions if the patient is unable to communicate and or make decisions. Providence does not discriminate against patients based on whether or not they have an Advance Directive.

PROCEDURE / IMPLEMENTATION:

1. Determine if the patient has an Advance Directive (AD) in the EHR
    1. You can find scanned Advance Directive forms in the chart by clicking on the POLST or Code Status field on the patient banner.
2. For patients who don't have an AD in the EHR, Inpatients will be asked as outlined in the AD screen of the EHR.
    1. If the patient has an AD, but it is not in the EHR:
        a. Attempts will be made to enter the AD into the EHR (either by asking family members or
        friends to bring it in or reaching out to other health care entities that may have copies).
        b. If the AD is obtained it should be reviewed with patient for accuracy, and then scanned to
        medical records. The original should be returned to the patient.
        c. If the patient's AD is unable to be obtained, or found to be inaccurate, patient should be given the option to complete a new AD.
    2. If the patient does not have an AD and does not want to complete one:

a. This will be noted in the patients EHR by a frontline caregiver.

3. If the patient does not have an AD and wants to complete one, but wishes to do so at a later time:
    a. Forms and information should be provided to the patient to complete their AD at the time and place of their choosing:
        i. General Guide to Advance Directives, Institute for Human Caring (all states, multiple languages available)
        ii. State of Montana Advance Directive
        iii. Washington State Advance Directive

4. If the patient would like to complete an AD while in the Hospital setting:
    a. Determine patient has decision-making capacity (see Definitions Section. If concerned about capacity, it must be determined by provider).
    b. Once determined patient has capacity, decide what type of AD they would like to complete:
        i. General Guide to Advance Directives, Institute for Human Caring (all states, multiple languages available)
        ii. "EZ Advance Directive DPOAH" – State of Montana
        iii. "EZ Advance Directive DPOAH" – State of Washington
    c. Process for determining which form to use based on the patient situation:
        i. The Providence Institute for Human Caring recommends using the "short" or "EZ" Advance Directive Durable Power of Attorney for Healthcare form during clinic visits, hospital stays, and before surgeries. Longer versions should be reviewed and updated at home, and the patient's own pace (questions that arise from the longer form(s) can be discussed with healthcare providers as needed/scheduled).
        ii. The "EZ" Advance Directive Durable Power of Attorney for Healthcare document can be witnessed by members of the healthcare team because it does not contain a healthcare directive. Rather its purpose is to name someone to speak for you if you can't and to provide them and your healthcare team with guidelines for care you might want.
        iii. Please check the following link for FAQs regarding AD/DPOAH in both Washington and Montana.
    d. Process for completing the form:
        i. Assist patient in completing the form as needed.
        ii. Ensure patient signature is witnessed by two appropriate people or a notary (specific guidance can be found on the individual document).

iii. Scan original to medical records. Give the original and as many copies requested to the patient. Keep one original until the new Advance Directive is verified in the patients EHR

iv. Update patient contacts to reflect Power of Attorney for Healthcare

REFERENCES:

Ethical and Religious Directives for Catholic Health Services (Sixth Edition)

Patient Self-Determination Act of 1990 (H.R. 4449)

Washington State Natural Death Act, RCW 70.122

Montana Rights of the Terminally Ill, MCA 50-9

Providence Trusted Decision-Maker Delegation Policy (PSJH_CLIN-1204, 5/2019)

Approval Signatures

Step Description	Approver	Date
EWA/MT Ethics Council	John Kleiderer: Division Chief Mission Officer - Central	5/5/2023
Policy Owner	Andrea Chatburn: Senior Director Ethics	4/26/2023

Standards

No standards are associated with this document

History

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> New EWA/MT Policy, Approved by EWA/MT Ethics Council in November 2022. Updated correct MT links and laws.

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Last Reviewed by Kleiderer, John: Division Chief Mission Officer - Central on 5/5/2023, 5:24PM EDT

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