MEMORANDUM

DATE: February 22, 2000

TO: All Attending Medical Staff
    All Limited Medical Staff

FROM: Hagop S. Mekhjian, M.D.
      Associate Vice President, Health Sciences
      Medical Director
      Associate Dean for Clinical Affairs

SUBJECT: Documentation of Advance Directives

In an effort to further our mission of quality patient care, a new policy and procedure regarding the documentation of advance directives was approved by The Ohio State University Hospitals Medical Staff Administrative Committee at its January meeting. In summary, the new policy and procedure will:

- Improve the ability of the medical and nursing staffs to easily locate the advance directive information for an inpatient at University Hospitals; and

- Provide a new form (“Pending Advance Directive”) for officially documenting the details of a patient’s advance directive in the medical record when a copy of the document is not available at the time of admission; and

- Introduce the dark gray-colored “Advance Directives” tab to the inpatient chart just behind the face sheet.

For further explanation of this new policy, please see the attached documentation.

This new policy is also in direct response to a Type I recommendation by the JCAHO from our site visit in September 1999. The JCAHO will receive an interim update on this issue and it will most likely be a topic raised at future site visits. The policy and procedure will become effective on March 1, 2000. A similar policy has been approved for use in the James Cancer Hospital.

If you have any questions or comments, please contact the Medical Director’s Office at 293-7326.
ADVANCE DIRECTIVES

In our recent Joint Commission survey we were cited regarding our practice of documenting the status of a patient’s Advance Directive. The survey process found that we did not have a consistent method for noting a patient’s wishes regarding end of life decisions when the patient had an Advance Directive but did not bring it to the hospital or Medical Information Management was unable to locate a copy in a previous record. To remove the Type I recommendations, a process has been developed to assist in documenting and communicating the patient’s wishes regarding end of life decisions. The process involves using the “Pending Advance Directive Form” to assist physicians and other members of the health care team in understanding the patient’s wishes while waiting for the Advance Directive to arrive.

PENDING ADVANCE DIRECTIVE FORM:
Starting February 7, 2000, a new form will be seen on the medical record. The “Pending Advance Directive” form is a document that a physician fills out when a patient is admitted but did not bring his/her advance directive to the hospital. The physician should use this form as guidance regarding the patient’s end of life decisions until the advance directive is brought to the hospital.

- This form is not a substitute for the advance directive. It documents a summary of what the patient believes was written in the advance directive regarding life sustaining treatment wishes.

- This form needs to be filled out within 24 hours of the patient being admitted.

- If the patient desires to have nutrition and hydration withheld or withdrawn under the circumstances permitted by law, the patient must either have the advance directive brought immediately to the hospital, or fill out new advance directive forms.

- When the advance directive arrives, the “Pending Advance Directive” form is crossed out with the word, “REPLACED BY ADVANCE DIRECTIVE” written across it with the date, time, and printed name of the physician revoking the document. The form is then placed under the advance directive in the “legal documents” section of the medical record.

Advance Directives:
There are three basic types of Advance Directives:
1. Living Will: A document directing the health care team regarding withholding or withdrawing life sustaining treatment when person is in a permanently unconscious state or terminal condition.

2. Durable Power of Attorney for Health Care: A document that designates another person to make health care decisions for the patient in the event the patient loses the capacity to make health care decisions.

3. Do not Resuscitate Order/Identification: A state approved form or identification used to alert health care professionals that the individual seeks to have no resuscitative efforts performed according to the state approved protocols. (See DNR policy 03-24 for further information.)

See Advance Directive Policy 03-26 for a detailed explanation of each type of advance directive.
Process:
Joint Commission requires us to:

- Acknowledge receipt of an advance directive - Admitting does
- Review the substance of the patient’s wishes with the patient – Physician does
- Provide appropriate documentation to carry out the patient’s wishes – Physician does

Below is a short review of our process, with an emphasis on the process that must occur when advance directive information is pending due to the patient not bringing the document to the hospital.

**Physician process:** When a patient arrives on the unit, the physician should review the advance directive status of the patient by reviewing the bottom of the medical record face sheet. If the patient has an advance directive, the physician should review with patient the end of life decisions. Appropriate documentation including orders should be done.

*If the bottom of the face sheet states that an advance directive is pending, the “Pending Advance Directive” form will be in the medical record under the “legal documents” flap. The physician should discuss the substance of the advance directive with the patient and fill out the “Pending Advance Directive” form. Appropriate documentation including orders should also be done.*

**Admitting process:** When a person is admitted to our hospital, Admitting must ask the person about Advance Directives. If the patient does not have an advance directive, the patient will be offered information on advance directives. Admitting will note whether or not a patient has an Advance Directive at the bottom of the face sheet. Any copies of Advance Directives supplied to Admitting will be under the legal documents flap of the medical record. If the Advance Directive is not readily available, Admitting will place the “Pending Advance Directive Form” on the patient’s chart.

**Nursing process:** The charge nurse daily reviews an Advance Directive listing sent up from Admitting. If the advance directive or a “Pending Advance Directive” form is present, the patient’s physician is notified immediately. Nursing may also assist in contacting Social Services to obtain an advance directive packet for a patient.